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The Canadian Journal of Medicine and Surgery

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF MEDICINE AND SURGERY

VOL. XIII. TORONTO, JANUARY, 1903. NO. 1.

Original Contributions.

THE ETHICAL VALUE OF EDUCATION IN PREVENTIVE MEDICINE.

BY PETER H. BRYCE, M.A., M.D.

Mr. President, Ladies and Gentlemen,—I have thought it worth while to attempt to present a phase of preventive medicine which, though playing an important part in our social welfare, is often not consciously realized by us. We are so occupied with the practical concerns of our intense, everyday life, and so often fail to recognize those influences which direct and govern our acts, that in a certain sense we are automata, dependent upon our sensations and impulses.

Now, none who realizes man as a highly organized member of the animal kingdom can fail to see that, as Carlyle remarks of the peptic countryman who did not know he had a stomach, the very perfection of health is, where the several elements of life are so harmoniously adjusted that, like a perfect machine, "life, from its mysterious fountains flows out as in celestial music and diapason, while it is only discord that loudly proclaims itself." Hence it is apparent that, if man were but the perfect animal, his life, in harmony with its environment, would begin, develop, and perform its destined purpose and functions, and as gradually and quietly proceed to its euthanasia. But he who gives even the most superficial thought to the problem of human life, and especially to that of modern civilized life, must recognize that the very conditions of human progress which have made society so complex, indeed so artificial, compared to that of man in a primitive state, have created problems which demand their solution, whether we attempt them or not; and it will be he who, realizing this, and

heroically taking up the task, that will personally reap the most precious fruits of his human existence and carry out most perfectly the purposes of the Creator in His universe. It must often have occurred to many that the old proverbs and sayings, which have become a part of our daily language must have had their beginning in the minds of thinkers at one time or another, and have been accepted either because of the manifest truth in them, or because they have been associated with the name of some great personage, whom we have been taught to think of as very wise or divinely inspired. Doubtless both reasons are correct; but we have, I doubt not, been accustomed to accept many such as true, which, if analyzed and examined in the light of modern knowledge, are in fact the opposite of truth. We say "the sun goes down," but as a fact it is the earth which, in performing its daily revolution, produces the phenomenon. We say, "I have caught cold," when as a matter of fact the result is due to the too rapid or unequal loss of body heat. So it is apparent that, dependent upon our knowledge of physical causes, we form our conclusions as to the nature of the phenomena, which we observe whether in the natural world about us or in the mental or spiritual world within us. In nothing, however, are we so constantly engaged in drawing inferences as in the relation which our health holds to our environment: and in no field of human thought has the scientific progress of the last century produced more profound impressions than in that of medicine. Amongst all early peoples, and amongst many semi-civilized peoples to-day, sickness was associated with demoniac influences, and Christian peoples were long accustomed to associate plagues and outbreaks of disease with the anger of an offended deity. Without dilating upon this fact, it need only be pointed out that, with the constantly increasing extent of our knowledge of physical laws, the realm of the supernatural has become more limited, and we are now beginning to closely inquire, whenever disease appears in any community, not what deity is offended, but whence did the cause arise? Now, if I am right in this, and I am certain of it, you will agree with me that our changed mental attitude is due to some cause, and it is quite evident that it is the result of education in what we call Preventive Medicine. I think I am not wrong in saying that the old idea of Medicine that was presented to most of us was that of a person becoming ill, and that something placed in a bottle, an infusion from some one or several herbs, and called *medicine*, or the healing potion, was absolutely demanded, if recovery was to be expected. Now, as a matter of fact, the old Greeks, who gave us the first comprehensive idea of Medicine, and raised Aesculapius, the Father of Medicine, to the rank of a divinity, had a much wider and wiser conception of its meaning than many have to-day. His very name, meaning blameless physician, recalls the legend how, under his master, Chiton,

he became so skilled in healing that Jupiter became jealous lest through him men might escape death altogether, and, to please Pluto, killed Aesculapius with a thunderbolt. He left Epigone (soothing), his wife, and his children, Alexenor (aider of men), Aratus (the prayed for), Hygieia (soundness of body), Jaso (a remedy), and Panacea (a healing herb), and as appears from these names in their order, those children concerned with the healing art, Jaso and Panacea were placed last. Without, however, pushing this illustration further, it is apparent that to those open-eyed Greeks the preventive side of Medicine stood in highest honor, and to-day we are similarly realizing the superior value of this side of the science. It is somewhat remarkable that, with the practical application of preventive measures in every other art and science, preventive measures in Medicine were so long overlooked. The mariner knew that a leak in his boat must promptly be stopped, otherwise it would soon swamp and so he stopped it; the engineer knew that one slight breach in the embankment, if not remedied, meant an inundation, and so repaired it; while the threatening conflagration is prevented when but a small fire. But for the reasons already referred to, physical sickness was carried into the moral sphere and was dealt with along other than physical lines. Public prayers were called for, and general humiliation during the outbreaks of cholera and small-pox, even in Canada within the past fifty years; while people continued to drink polluted water and refuse vaccination.

It seems quite evident, therefore, that the subject of our paper is not an inappropriate one for us to discuss and to endeavor to comprehend in its bearing, not only upon personal well-being, but upon good citizenship. If we analyze the reasons for the material and industrial progress of one of Ontario's cities, if we ask why the Province of Ontario has become the garden of the Dominion, and a hive of manufacturing industry, we all are quite ready to answer, "Because the intelligent energy of our people has taken advantage of physical conditions, as of soil and climate, and water-power, and wind-power, and, by utilizing natural forces, has produced an abundance of raw materials and has converted them into the manufactured article. Such has supplied in over one hundred cities, towns, and villages, public water for common convenience and economy, and for preventing losses by fire. In every one of these particulars we have the measure of an elevation in the social scale through the intellectual advancement of the people. Natural causes produce their inevitable effects, and material comfort, social happiness, and individual well-being are all advanced in a most logical and natural manner. If I am right in carrying this line of thought into the sphere of Medicine, and the mortality statistics of the Province support the argument, then it would seem apparent, in proportion as we understand the causes productive of

disease, that invariably such are directly or indirectly ascribable to some physical reason, and we shall be able equally to promote social well-being, and individual health and happiness, as we take advantage of the teachings of Preventive Medicine for the prevention or suppression of physical disease. It is a remarkable fact, with the many examples coming down to us through the centuries with regard to physical education, so important an element in Preventitce Medicine, that we have lost or never taken advantage of some of the first principles taught us by the peoples of the older civilizations. For instance, Plutarch, in his life of the Spartan Law-giver, tells us that Lycurgus began the education of youth at the very source. Not only were marriages regulated, but he ordered maidens to exercise themselves in running, wrestling, and throwing quoits, that they might be the more vigorous as mothers. I am not aware that the nursing-bottle was then a part of the nursery furniture. When a woman of another country said to Gorgo, the wife of Leonidas, "You of Lacedaemon are the only women in the world that rule the men," she replied, "We are the only women that bring forth men." But need we more than glance at the delicate mothers and their weakling infants struggling into childhood on artificial foods, in order to comprehend that in a country which, forty years ago, had only 17 per cent. of its population living in cities, and now has 45, the very lack of knowledge or practice of the principles of Preventive Medicine has produced and is producing a race which, in many respects, bears the marks of degenerating influences, which must be reckoned with if we are to maintain that physical pre-eminence inherited from our British forefathers.

Observe it at another stage, that of childhood. Amongst the most delicate indications of robust health is the state of children's teeth; and statistics have been given us by physicians and dentists in Canada and the United States, showing that in a very large proportion of school children, decay of the teeth has taken place, due to innutrition which is ultimately associated with another effect, that of abnormal vision. The causes are patent to all of us. Instead of the plain foods, as whole wheat bread, or even oat or rye bread, the soft starchy foods and sugars are increasingly being used; fats are used decreasingly, resulting in bone and muscle being notably deficient. It is the palate that is tickled, and the innocent child suffers accordingly. But the evil does not stop at this stage. Our social customs seem specially formed to complete the evils already accentuated. I have taken the trouble to tabulate the deaths by ages in some of our counties, and find that from fifteen onward, the age at which that ever-present result of innutrition, consumption, begins to make itself evident, the deaths amongst females was, in a five-year period, as two to one in males, the latter fortunately, owing to out-door life, more largely escaping

the danger. When it is understood that for a single county, taking a five-year period, the total deaths in females between 10 and 20 was 100 to 54 in men, and that it was one-seventh of the whole, we can appreciate the truth of the remark of Sir Frederick Treves, the great surgeon of England, who says: "The physical condition of a large proportion of the girls and women in this country (England) is quite deplorable, especially among the middle and upper classes. The girl spends hours in an ill-ventilated school-room and upon a piano-stool, and the rest of her time is occupied in eating and sleeping, in preparing lessons, in stooping over needlework, and in taking formal walks with the governess. Her clothes are probably a collection of hygienic errors."

"A good digestion and an active liver are more useful in the battle of life than a knowledge of advanced mathematics, and sturdy limbs and strong hands are of more value to the mother of children than even decimal fractions and a familiarity with irregular verbs."

With such words from so great an authority, following the statistics I have given, it will not be difficult to appreciate the ethical value of education in Preventive Medicine. It is quite evident that it involves education against doing those things we ought not to do, and leaving undone those things we should perform. What is further most apparent is that this education has the highest ethical or moral value, since the mother who understands the laws of hygiene and practises them will not fail to exert her authority in enforcing them by example and precept upon her children. I have but recently returned from spending a few weeks among the dwellers of one of our summer resorts, and have observed how closely *cause* and *effect* are related. You go to a summer hotel, and the usual sight is to see many children and most young ladies dressed in the height of fashion, taking every opportunity to buy sweetmeats from the supply boats, while in the evening for the older ones dancing is often kept up to a late hour, but little real outdoor exercise being taken. On the other hand, if one visits a summer cottage he sees barefooted children dressed in a sweater or an old skirt, offending against all the social proprieties by running about like savages—swimming, paddling, rowing—while ravenously devouring at meal-time the plainer foods, which are most readily obtainable in such camps. The life in the one case has been often a dissipation of energy, and in the other the storing up of a reserve of bone and sinew for the work or studies of a coming winter.

A similar comparison may be made regarding the modes of spending their holidays by persons of maturer years. Many will actually engage in some physical occupation to assist in the elimination of the wastes of the body, while at the same time promoting reconstruction of tissue. Many years ago, Dr. Lauder Brunton,

a leading physician of England, pointed out that for persons engaged in intellectual pursuits, a summer holiday of six weeks is demanded, during which absolute freedom from anything except agreeable outdoor exercise is demanded, in order that nerve tissue —that which, while most resisting, requires the longest rest—may, by new material, have its energy restored.

Many will have read with amusement the newspaper reports of the many notables recently present in London at the Coronation. Probably, however, the most interesting was Ras Mackonnen, the Abyssinian Prime Minister. While amused, edified and instructed, he has also been an acute observer. A Mohammedan, he obeyed with all his suite the injunctions of his religion, and abstained wholly from alcohol and tobacco. He marvelled at the London policemen, saying, "All is so orderly, all is system." But he also noted, watching the London crowds, "I see that everybody hurries." And if one were to crystallize our social and business sanitary shortcomings into a single phrase, it would be that of the perpetual rush and hurry which mark increasingly our people everywhere. The countryman notices it in the town, the townsman sees it in the city, we in the cities are beginning to observe it ourselves. I have recently had several conversations with a New York friend engaged in large business transactions, who has come home to Canada and bought a small farm to retire to soon, he says. He is not yet fifty, but says that that is an old age for a modern New York man to be able to do hard work at. He has mentioned one after another of his many friends of the stock-market and amongst the merchants, who, strong and vigorous, have in a few short years died exhausted from brain disease, heart or kidney disease—those organs most affected by the stress and tension of high-pressure life. Some of us have marked and noted, even amongst our own friends, the number of comparatively young men who have died from these diseases, essentially old-age maladies.

I have used the word ethical, and have taken it in its usual secondary meaning, as pertaining to the habits and manners of the individual or community, and have desired to point out conditions with regard to the purely physical aspects of education in Preventive Medicine. But there is another result belonging to that distinctive side of morals, which we commonly define as character, which after all, as moral beings, we must always deem of first importance. The sages of every country, whether in ancient or modern times, were those whom Carlyle calls the seers or poets of their age: and, properly so, for their distinguishing characteristic has ever been to search into the heart of things, and ask not only What am I? but also, Who am I? and Whence? That Hebrew classic, of inestimable value, will ever be placed first, for the prominent place it has ever put man in in relation to the Divinity as regards his duty; but the literature of every classic country

has handed down to us the words of wisdom of the world's greatest thinkers. All will remember the problems presented in the marvellous drama of Job, revolving around the oft-asked question, "Do good men suffer, and why?" which was answered with a "no" by his Pharisaic friends, with the inference that Job's sufferings were punitive; just as the Greek poet, Aeschylus concludes, using the words, "Whatsoever evil men do, not less shall they suffer," while he further repeats, almost in the words of the Decalogue, that the punishment may extend to even the third generation.

But we turn from these stern teachers of an earlier time to those breathing a more generous spirit, and as in the beautiful Greek story of the self-sacrifice of Alcestis dying for her lord Admetus, and in the yet infinitely grander story of the gospels of that Christ who died for a whole world, see in these illustrations of another phase of morals, which our subject necessarily forces upon us.

In these days when, as in our wide country, possibilities of material success are ever opening up to every young Canadian, where ambition finds almost no trammels in the attainment of its ideals, we cannot but recall the last words of Tennyson's "King Arthur":

> "For what are men better than sheep or goats
> That nourish a blind life within the brain,
> If, knowing God, they lift not hands of prayer
> Both for themselves and those who call them friend?
> For so the whole round earth is every way
> Bound by gold chains about the feet of God,"

and endeavor to make ourselves realize in some slight measure, something of the pregnant meaning such words contain. The important matter, if we consider the question at all, is: What would seem to be the end and purpose of being, as regards either ourselves, the society or country in which we live, or towards the universe in which, however infinitesimal units we may be, we nevertheless form an integral part, without which the infinite whole would be incomplete. Gazing backwards, and endeavoring to imagine the beginnings of our world, so minute a fragment of the universe, arising as it did out of chaos, I think of its crude, uninhabited crust, and of the development of that infinite purpose of its Creator, since life upon it began. I read the story of its rocks, and see evolution, from the simplest formless protoplasm to beings having an organized life, upwards through the numberless years of its geological Aeons, and find in all and everything that—

> "Our little systems have their day;
> They have their day and cease to be,"

with cosmic change and cataclysm burying all; but in all and throughout all I observe a movement upwards, an orderly pro-

gress toward a world-period, when man appeared. Seemingly, as we gaze back upon him, crude, uncouth, untaught, primitive, but as complete in his place and time, as completely in harmony with his environment, whether it be in the caves of Dordogne with his associates, the bear and reindeer of the great Ice Age, or in those long uncounted subsequent years, as when the man, god-like, with imperial front raised to the stars, told his love to the woman in that Eden where the Accad race placed the paradisaic abode of Adam, their patronymic founder and prototype, and raised its later towers to heaven. Now, within the period when this conquering, last-created race of men could not only acclaim its god-likeness, but could further transcribe its glorious achievements upon moulded tablets, we can still see material progress followed by moral declension, till a climax is reached, and a civilization, effete yet having accomplished its purposes, is buried under Syrian sands, remaining as a monument of something accomplished, and a lesson, to those who will read, of something passed, but which teaches not more the vanity of human things than of an

"Eternal process moving on."

Within the few short century-days since then, individuals and races have come, shone like falling stars for the moment, and gone; yet never failing to transmit to the generations following something of those forces with which they were endowed, whether physical or moral.

If, in our place in this ever-ending but never-ceasing stream of influence, we can even in a slight degree comprehend that all our individual and combined social, national and world-wide energies, with those yet to be of our century, are but one of the hours in the cycle of cosmic time, we must at least faintly realize that it is not ours alone to enjoy the gilded hours, but that we must also play a part in this drama of evolution; and that every physical, mental, and spiritual force with which we are endowed is dedicated to the work of a movement upward, whose end is the approximation of those primal atoms which, first endued with simple yet all-sufficient physical powers, have had added through aeon, age, cycle, and century some finer, higher manifestation of force, to those qualities, which, undiscoverable, unreal, as yet to us, are nevertheless to become cognizable and attainable, when the material, complete, adjusted to its infinite environment, shall no longer seem base or evil, unfitting or foreign, but shall prove to be but one with the spiritual from which it emanated, and with which it will find itself ultimately in complete harmony. Thus does Tennyson apostrophize his departed friend, Hallam:

"Since we deserved the name of friends,
And thine effect so lives in me,
A part of mine may live in thee
And move thee on to noble ends."

"In Memoriam."

Looking upon life from this standpoint, it is apparent that we must see in Preventive Medicine a science which, before all and every other, endeavors to illustrate the wisdom contained in that old-time riddle of the Sphinx, "Know thyself," and which Perseus, the hero of the light, succeeded in interpreting, amongst his many other labors for the good of mankind.

This is an essentially Herculean task, and one which brings happiness, honor, and glory to him who, like that mythical hero, slays the Medusa for the good of men.

I cannot in concluding do more than urge that the book of sanitary wisdom, which to-day is so wide open that he that runneth may read, be sought for by all; that in it we find, learn and follow the words of wisdom which teach us not more our duty to ourselves than our duty to others, and that in doing both we will best fulfil the purposes tending to that universal good to which all created things move.

PREVENTION AND TREATMENT OF TUBERCULOSIS.*

BY J. F. MACDONALD, M.D., HOPEWELL, N.S.

Science has demonstrated that tuberculosis, known under several names, as consumption, scrofula, lupus, marasmus, white swelling, etc., is an infectious and contagious disease. The infecting agent is the bacillus tuberculosis. Without this bacillus tuberculosis does not exist, every new case is the product of a preceding one. The source of infection is in the pus from tuberculous sores or abscesses, wherever situated, in lung, bowel, bone, gland, etc. It is well to note some of the principal methods by which the infection is spread and brought into contact with the uninfected, with the whole human race, with the whole animal kingdom. The chief source of infection is in the sputa of tuberculous persons, and is most dangerous in its dried state—dust; in the moist state it is only dangerous by contact. The innumerable moist particles thrown into the air in the act of coughing, where they float for a time, are a source of danger to those in the immediate vicinity. Tuberculous persons are met with everywhere, in every profession, every business, trade and occupation. They handle our food supplies, sometimes cough over our groceries. The hands of the consumptive are seldom clean—free from disease germs, (bacillus) their mouths never. The sputum of consumptives is scattered broadcast wherever consumptives go. Generally, they are not particular as to where they spit. This filthy discharge is deposited quite liberally on streets, in public conveyances, about railway stations, and all places where people congregate, often to

*Read at the Canadian Medical Association, Montreal, September, 1902.

a nauseating extent. When dried, and in the dust form, it finds its way into all places where air and dust penetrate. In our educational institutions tuberculous teachers, and tuberculous pupils are often found; many of these institutions—especially among the lower grade schools, are incubators, and centres of distribution for infectious diseases and are a menace to health and life, not only to those attending them, but to the whole community. School sanitation is, to a large extent, bad.

The trailing skirts with which ladies sweep the streets, gather up the disease germs deposited by spitting consumptives and carrying the filth to their homes, is a very excellent way of propagating the disease. For cleanliness, if for no other cause, this practice should cease to exist. Promiscuous kissing—a very neat way of communicating the disease—should be discouraged. The danger from this habit (very pleasant though it may be) should be kept in mind.

Infection from tuberculous flesh and milk, denied by some and affirmed by others, is likely, in the near future, from investigations now in progress, to be definitely settled, as it is a matter of fact, not of speculation, so it must be settled—yea or nay. While we treat with profound respect opinions and results of investigations by so high authority as Dr. Koch, we cannot accept his conclusions as proven. The non-intercommunicability of human and bovine tuberculosis is not proven. The bacilli taken with the food enter the circulation and find a lodgment wherever a suitable soil for their growth is found. That may be in lung, bone, bowel or other organs. The late Sir Richard Thorne, of London, a very good authority, attributed the large and increasing mortality among children to the use of tuberculous milk, milk in the large cities entering more largely into infant feeding than formerly.

Behring's investigations are probably as worthy of acceptance as those of any living authority. His investigations show that human tubercle bacilli are capable of producing the disease in animals. Many other opinions on this side of the question might be cited. Considering the present state of our information, tuberculous meat and milk should be considered unfit for food.

Predisposing causes are hereditary and acquired. Consumptive parents, diseased persons, are not likely to produce healthy offspring. Parents' weaknesses, mental and physical, are liable to be transmitted to their progeny. No stock raiser expects to breed sound individuals from unsound animals.

Acquired predisposing are whatever lowers the vital resisting powers of the organism. These causes are many and are under control, if proper methods of living are enforced. Predisposition is, I suppose, what is meant by "the pretubercular state or stage." I do not like the term. It may be misleading. If it is intended to convey the idea that the system is in a condition peculiar to

the reception of the tubercle bacillus and not any other disease, it is decidedly wrong.

Prevention.—Tuberculosis, that universal scourge—being responsible for about twenty per cent. of deaths from all causes in Canada—though an infectious, deadly disease, is preventable. In one generation by proper methods of prevention it would be relegated to the class of rare diseases. To carry out a thorough system of prevention legislation is absolutely necessary. The sputa being the most prolific source of spreading the infection, spitting should be prohibited by law. Man is supposed to be a rational, reasoning being, who should do what is right without compulsion. Most men, apparently, are only reasoning beings when they get some other man to reason for them; for these the law-maker should be that man.

That it is difficult to control the actions of citizens I admit. Our laws are broken daily, many of them openly, yet the law is good and necessary for protection of life and property. The laws needed for prevention of disease and saving the lives of our citizens can be enforced as well as other laws. The intelligent, cleanly citizen, when informed of the danger to health and life of his neighbor, should refrain from the spitting habit. (Will he?) But for the great mass of humanity, untouchable by moral influences, control is necessary.

1. "Thou shalt not spit" on streets, in public conveyances, public buildings, and in all places where people congregate. If such a law were enacted and enforced the beneficent results would soon be evident and the disgusting, nauseating sights witnessed in railway carriages, railway stations, and other public places would soon cease to exist. *Wholesale,* indiscriminate spitting should by law be made a crime.

2. An act to protect all food products from infection, not only from disease-laden dust, but also from contact with tuberculous persons who sell and handle food stuffs. Articles of food are often exposed for sale where they come in contact with dust from the streets. This is a common practice in our cities which should not be allowed.

3. A law to provide a system of sanitary inspection of all places where food supplies are prepared, manufactured, kept and offered for sale, including creameries, cheese factories and their products; inspection of meat, milk, and the animals from which these are gotten, also the place in which the animals are kept. The object of inspection in all cases is to remedy unsanitary conditions and prevent the sale and use of diseased and unhealthy articles of food.

4. Medical examinations of all persons in any way handling articles of food intended for sale and use, so diseased persons may be prevented from engaging in such business.

5. Sanitary inspection of educational institutions from the primary school to the university, that they may be kept in perfectly sanitary conditions, a work that is greatly needed, for many of them are in notoriously unsanitary conditions,—the same may often be said of the pupils.

6. Medical examination of professors, teachers, students and pupils, that no tuberculous person be allowed to teach in any of our educational institutions. That all persons applying for license to teach be required to present a clean bill of health, and that tuberculous pupils be prohibited from attending public schools.

Boards of Health and School Boards should have the power and means for enforcing sanitary and other conditions of our schools, so as to get rid of this nidus of infection. Provide healthy sanitary places in which to live and work, pure air, pure water, pure unadulterated food, and non-contact with tuberculous persons and the work of prevention is largely accomplished.

The sanitarium as a preventive institution is of limited use as it will remove but a limited amount of infection from general circulation, besides there is a danger of it becoming thoroughly saturated with the disease and a centre of infection. While the infection is allowed to be universally distributed unchecked we may go on building sanitaria without limit for the accommodation of the material prepared for them. A better preventive and more humane institution is the consumptive home for the poor and incurables.

Sanitation has done much in lessening the mortality from this and other diseases, but much still remains to be done that demands our attention. In every university and college in our country there should be a chair of public health similar to that in McGill, and the University of Edinburgh, which would be of more real practical benefit to the country than classical education of our young men and women, which we so highly prize.

The methods of prevention above outlined in dealing with our consumptive fellow-citizens may appear somewhat harsh, and as interfering with the liberty of the citizen. On careful consideration of the matter these and other objections disappear. One of the first principles governing civilized society, is that no one shall use his liberty to the injury of his neighbor. The moral and civil law says, "thou shalt not kill." The man that knowingly and deliberately does that which endangers the well-being, health and lives of his neighbors is guilty, and a greater menace to society than the assassin who kills his victim outright and is done with it, while the victims of the other are doomed to slow, lingering suffering and death.

The consumptive must be educated how to avoid giving the disease to others; this is his part in the work of prevention.

The well must be instructed how to avoid contracting the disease. Upon the medical profession as conservators of the public health to a large extent devolves this educational work. The lay press has been used to a limited extent, and may be used beneficially. Pamphlets and leaflets have been used pretty freely, but results are not encouraging. The people for whom this literature has been used to a large extent do not read, and when they do read they fail to heed. I think our own profession needs a little educating in this matter. We want to educate our journalists, our professional politicians, our legislators. Then we want to ask for legislation, demand it, and keep on knocking at the doors of our legislative halls until we get what we are working for. Then our most efficient schoolmaster, law, with persistent persuasion will do the work. Registration or notification is of doubtful utility, as it will deter many from seeking medical relief in the earlier stages of the disease, for much as the consumptive dreads the disease the dread of being branded a consumptive is greater. Booklets, plainly, simply written, giving instructions to the consumptive how he should act for his own benefit, and how to avoid giving the disease to others, should be put into the hands of every consumptive. The booklets should contain the rules to be observed by the healthy, how they may avoid contracting the disease.

Treatment.—The most essential part in the treatment of tuberculosis, the method that has given the best results, and now generally adopted is the "outdoor" treatment, which means pure air and plenty of it. The difference of opinion in reference to this treatment is chiefly as to how and where it is to be carried out. Treatment in sanitaria has given good results. Yet the sanitarium has its drawbacks. The patients being surrounded by so many suffering from the same disease, the monotony of the routine life, and absence of home influence, have a depressing effect upon sensitive, nervous patients, the moral effects of which are not good. Then the sanitarium may, like health resorts, after a time become centres of infection. "Home out-of-door" treatment has also given good results. For those in ordinary good circumstances it seems to be the ideal method. The patient must have a large, well-lighted, well-ventilated room, southern exposure if possible, so as to get all the sunlight and pure air possible. Windows open day and night so that the room may always be filled with pure air. The patient should spend most of the day outdoors. It is not necessary to sit, or recline all day, but may go out walking or driving, the latter preferable. Driving both in summer and winter is not only a pleasant, but profitable way of spending the time, and to most people cheerful and exhilarating. Care must always be taken to avoid fatigue and to keep the person perfectly comfortable. In the country, in summer, part of the day may be spent in walking about the grounds. Some light

employment where muscle and mind are engaged has a good effect. The whole life should be so arranged as to make the patient not only comfortable but happy. Must avoid close and crowded rooms, must not frequent places where people congregate, lecture halls, churches, theatres, and railway coaches, in which pure air is never found. Must not swallow his spittle, and for the safety of others must follow carefully those directions for the disposal and disinfection of all discharges from mouth, nose, lungs and bowels. Strictly observing the directions given by the physician, the patient need not be isolated all the time from his family.

Food.—All physicians are agreed that the most nourishing food be given in quantities as much as the stomach will appropriate. Artificial aids to digestion are often useful. Forced feeding, so strongly advised by many, must be carefully watched; the stomach must not be overtaxed. Of the chief articles of diet, meat, milk, cream, and butter—which are almost indispensable—great care must be exercised that these are from animals free from disease, especially from tuberculosis. Eggs should be taken raw if possible, in quantities as many as the stomach will tolerate. Fresh fish, oysters, plain or Graham bread, fresh vegetables, and good, clean, ripe fruit. This is a pretty good bill of fare and available for most people. The most nutritious foods should always have the preference. Tea and coffee may be taken in moderation, also chocolate and cocoa. Alcoholics are not to be taken, except when there is wasting of the tissues. The laboring man who has to work in order to provide for himself and family, who cannot afford to "lay up" or go to a sanitarium, if such a place were available, may continue at his work, providing it is outdoor work. He must keep his feet dry and warm and have clothing sufficient to keep his person dry and comfortable, he must also avoid exposure in wet and stormy weather; must rest in his home at night, and abstain from everything that would lower the resisting powers, and make use of all means possible for raising and strengthening his recuperative powers. His food must be the best available. Among the farming population good nutritious food is generally available. The sleeping room must be well open to fresh air all the time. He must keep himself under the observation of his physician and must observe as strictly as possible regulations for his care and treatment. These patients generally do very well and many recover even after cavities have formed in the lung. Those working in factories and shops must change their business and engage in outdoor work. There are, however, many among the poorer people who cannot or will not be induced to take care of themselves, follow the physician's instructions, or use the means available for their treatment. For these the only hope is the consumptives' home. Consumptive

homes should be provided and maintained by municipal or provincial governments.

Medicinal Treatment.—Though not the most important in the treatment of tuberculosis must not be neglected. In connection with hygienic and outdoor treatment it is important and necessary. Drugs to aid digestion are useful, also tonics, as strychnine, iron, and hypophosphites, arsenical preparations, and creosote are beneficial. Carbonate of creosote and terebene are useful. For cough heroin is probably the best drug we have. Cod liver oil, an old and popular remedy, that consumptive patients think they ought to take, is probably more popular than useful. It is of doubtful benefit, except to patients in advanced stages of the disease, as a food. Many other drugs are used and recommended, some of which may be beneficial. Hydrotherapy is an important adjunct in treatment. Gymnastics for development of lung and chest is also useful.

Climatic Treatment.—In many cases it is said to have a beneficial effect. But everything considered, I think it is of doubtful utility. Banished from home, friends, and cheerful home surroundings, the moral effects of which are so essential to the welfare of the invalid, are lost and no adequate compensating influence to take their place. Even those with ample wealth to procure all the comforts of life, except the most important home comfort—are often brought home in a casket, or what is a little better, they get home in time to die among friends. Even in the changeable, humid climate of our Maritime Provinces, our patients who stay at home do better than those we send away. The practice of sending patients away, especially if the disease has gained considerable hold upon the lungs, is, to say the least, cruel.

At the present time I have a number of tuberculous patients, most of whom I expect to recover, the advanced cases to improve, to whom I would not advise banishment from home to a life among strangers. After over thirty years' experience in the treatment of tuberculosis, I believe home is the best place for the successful treatment of our consumptive patients. The best place for them to live; the best place for them to die. The methods of treatment here outlined are chiefly those I have practised, as near as possible, for many years.

REPORT OF A CASE OF FRACTURE THROUGH THE SITE OF AN EXCISION OF THE KNEE.*

BY H. P. H. GALLOWAY, M.D.,

Surgeon to the Toronto Orthopedic Hospital, Orthopedic Surgeon to Toronto Western Hospital, Orthopedic Surgeon to Grace General Hospital, Member of the American Orthopedic Association.

J. W., aged 40 years. Five years ago had an attack of gonorrhea which was cured in a comparatively short time. Was again exposed in May, 1899, but declares positively that he contracted no disease. In June, 1899, he developed a swelling in the right groin which his physician called a "sympathetic bubo." This swelling was quite painful, and at the end of a week was lanced. Was laid up for three weeks and returned to his work as a lumberman late in July. Occupation required great exposure to wet. In October a swelling formed near head of right fibula. This was opened by his physician and discharged freely for several weeks. Again returned to work, but in a few days the whole leg and lower part of the thigh became greatly swollen, and he was forced to take to bed. From December, 1899, to May, 1900, various incisions were made in the leg and thigh in the neighborhood of the knee-joint, from which free discharges of pus issued. States that he had high temperature, and that blood poisoning was feared. The leg became greatly flexed, and in the latter part of the summer of 1900 an effort was made to forcibly straighten the knee under anesthesia.

When I first saw the patient the knee was flexed at an angle of about 135 degrees, subluxated and rotated outward. There was almost complete ankylosis in this deformed position. The limb was scarred by numerous recently-healed sinuses, and was quite tender when handled. General health considerably reduced.

He entered the Toronto Orthopedic Hospital on August 31st, 1900, and after spending a short time in efforts to improve his general health, I excised the joint on September 18th. In freshening the bones Fenwick's incision was used. The dressings were never disturbed for six weeks, and on removing them the wound was found healed. The patient wore a posterior splint for several weeks longer, and before the end of the year firm bony union had occurred. As he was found to be a handy and industrious man, he became an employee of the hospital, assisting in the care of male patients, and doing such chores as were required.

On the morning of June 13th, 1901, nine months after the excision, he was engaged in washing the verandah floor with the

*Read before the American Orthopedic Association at Philadelphia, June 7th, 1902.

hose. He stood upon the edge of the verandah, just at the landing of the steps leading up to it, and as the more distant part of the floor was finished he began to back down the steps so as to avoid playing the water on the floor at too close range. He intended to back down one step at a time, but by an unfortunate miscalculation of distance missed the first step, and the whole weight of the body came violently upon the stiff leg, as he found footing upon the second step. He felt the leg give way under the strain, and fell to the ground. He tried to rise, but found that there was movement at the site of the excision, and realized that the leg was broken. I saw him within five minutes of the time the accident occurred. He was pale, and suffering from shock, there was movement at the place where the excision had been made, and considerable swelling. The limb was bandaged upon a posterior splint, fairly firm pressure being made over the seat of the fracture by a thick covering of absorbent cotton beneath the bandage. When this dressing was removed a week later, the effusion of blood beneath the skin at the injured part was found to be so considerable that, in order to avert threatened sloughing of the skin from pressure, the blood was withdrawn by aspiration. After this had been done the line of fracture could be felt very plainly. Serrations as much as three-eighths of an inch in length extended upward into the femur and downward into the tibia, showing that the artificial union effected between these two bones by the excision had been exceedingly firm. The limb was encased in plaster of Paris. In three or four weeks the patient began to go about on crutches, and within two months was able to go to work wearing a posterior splint. I last saw him a few days ago. The limb was strong and useful, and he was working every day in a lumber factory. He said that he had not worn his splint or protected his limb in any way for several months past.

12 East Bloor Street, Toronto.

Selected Articles.

THE MISSION OF SOCIETIES FOR THE PREVENTION OF CONSUMPTION IN THE ANTITUBERCULOSIS CRUSADE.*

BY S. A. KNOPF, M.D., NEW YORK.

Mr. President, Your Excellency, My Lords, Sirs, Members of the Canadian Association for the Prevention of Tuberculosis, Ladies and Gentlemen:

The honor which you have conferred upon me by the invitation to address you to-night, while personally appreciated to the fullest extent, I must above all consider a compliment to the United States and to the medical profession of the country to which I have the honor to belong.

Between your country and the United States, between the Canadian and American medical professions, the most cordial relations have existed for years. This act of courtesy extended to an American physician, the privilege to speak at so distinguished a gathering as this, presided over by your highest official in the person of His Excellency the Governor-General, the Earl of Minto, will bring still closer together the medical professions of these two great nations, which speak one language and have the same aspirations, viz., the progress of humanity, the combat of disease, and the increase of human happiness.

We have gathered here to-night in the interest of a work which is now attracting the attention of the whole civilized world. Throughout Europe a most active antituberculosis movement is going on. Societies for the prevention of tuberculosis, or for the erection of sanatoria, exist now in nearly all European countries, and these societies are sanctioned, helped, and patronized by governments, kings, and princes. England has its National Association for the Prevention of Consumption and Other Forms of Tuberculosis, with His Majesty King Edward VII., as patron, and His Royal Highness the Prince of Wales, as president. There are thirty-four vice-presidents, among whom we find the names of the

* An address delivered by invitation before the Canadian Association for the Prevention of Tuberculosis, at its annual meeting, April 1st, 1902, at Ottawa, at which His Excellency the Governor-General, the Earl of Minto, presided.

Duke of Bedford, the Marquess of Londonderry, the Marquess of Ripon, the Marquess of Salisbury, the Marquess of Zetland, the Earl of Derby, the Earl of Spencer, Lord Lister, the presidents of the Royal Colleges of Physicians and Surgeons of England, Ireland, London, and Edinburgh; the directors-general of the Medical Service of the Army and Navy; the presidents of the Royal Agriculture and Veterinary Societies; Sir Herman Weber, and many other equally illustrious names. The members of the council are presided over by Sir William Broadbent and the Right Hon. Sir Herbert Maxwell. Alfred de Rothschild and Malcolm Morris are the treasurers, and Alfred Hillier is secretary. This British National Association for the Prevention of Consumption, counted already at the end of last year thirteen branches, namely, the Bournemouth branch, the Bradford branch, the Cumberland branch, the Devon and Cornwall branch, the Dublin branch, the Society for the Prevention and Cure of Consumption in the County of Durham, the Glasgow and District branch, the Gloucestershire, Somerset, and Wilts branch, the Leicester and Leicestershire branch, the Liverpool and District branch, the Newcastle-upon-Tyne and Northumberland branch, the Northampton Town and County branch, the Nottinghamshire Association for the Prevention of Consumption and other Forms of Tuberculosis, the Southampton branch, the South Wales and Monmouthshire branch, the Ulster branch, the Winchester and District branch, the Wrexham and District branch, and the York branch.

In Germany the work of societies for the prevention of tuberculosis and sanatorium associations started under the patronage of Her Majesty the Empress Augusta Victoria, who likewise became patroness of the congress held in Berlin in 1899, under that appropriate name "Kongress zur Becampfung der Tuberkulose als Volkskrankheit" (Congress for the Combat of Tuberculosis as a Disease of the Masses). The General Central Committee for the Erection of Sanatoria for Consumptives, which has done such good work during the past few years, remains under the patronage of Her Majesty the Empress, and has for its honorary president His Highness the Prince Hohenlohe-Schillingsfurst, and for its president Dr. Count von Posadowsky-Wehner, Secretary of the Interior, and among its vice-presidents such men as Count Lerchenfeld, von dem Knesebeck, von Ballhausen, Professors Frankel, Gerhardt, and von Leyden. The council is likewise composed of forty-eight men belonging to the best class of society, the aristocracy of science, birth, and finance. Dr. Goothold Pannwitz, chief staff surgeon of the army, is the able secretary of this committee, with offices in one of the government buildings on the Wilhelmplatz, in Berlin.

Nearly every German city of importance has its sanatorium association. They in common with the "invalidity insurance companies," have accomplished a vast amount of good in procuring

sanatorium facilities for thousands of consumptive poor of the German Empire.

In France, where the government has taken a most active part in the antituberculosis work, private enterprise has created a journal called *La Lutte antituberculeuse*. As patrons of this periodical figure the names of Brouardel, Letulle, Arloing, Landouzy, Monot, Calomet, and others of equal prominence. This journal is the official organ of twenty-five distinct antituberculosis movements, under a variety of names, such as Popular Sanatorium Work, French League against Tuberculosis, Agricultural Colony for Poor Convalescent Consumptives, Maritime Sanatorium Association, Maritime Sanatorium for Scrofulous Children, Society for the Prevention of Tuberculosis, and the Gratuitous Lodgement of Poor Consumptives in Sanatoria, Work for Tuberculous Children, etc. Five of these Associations are located in Paris, two in Bordeaux, and two in Lille, the rest throughout the departments of France.

The very latest news which came to us from France this week speaks of a federation of seventy-six various antituberculosis institutions in that country, which sent delegates to an assembly convoked at Paris, March 16th, for the purpose of uniting them all into a national federation. The success of that plan surpassed all expectations, and the result of the deliberations was the formation of a central bureau and council for mutual aid. It was furthermore proposed to establish a permanent exposition for everything needful for the campaign against tuberculosis.

Japan, Russia, Austria, Italy, Portugal, Spain, Holland, Denmark, Sweden, and Norway have done similar work, though not on such an extensive scale. In some of the Latin American Republics, too, there has been an awakening, and to judge from the *Revista de la Tuberculosis, Organo de la Liga Argentina contra la Tuberculosis*, they are doing excellent work in the Argentine Republic, Chile, Brazil, Uruguay, Paraguay, Bolivia, Ecuador, Peru, Mexico, etc. In January, 1901, in Santiago de Chile, there was formed a permanent national commission for the prevention of tuberculosis in Latin America (Commission Internacional en la Permanente por la Profilaxia de la Tuberculosis en la America Latina).

In Cuba antituberculosis work is most active. It is carried on partly by the United States military Society of Cuba, under the presidency of Dr. Emilio Martinez.

The latest international development in the combat of tuberculosis has been the formation of an International Central Bureau for the prevention of Tuberculosis, with its seat in Berlin. Its objects are: (1) To collect all news relating to the combat of tuberculosis in various countries; (2) to collect the literature on the subject; (3) to reply to questions relating to the antituberculosis movement; (4) to petition the proper authorities to further the

cause; (5) to receive and make suggestions relative to the international combat of tuberculosis, especially as regards investigations, the publication of popular essays, and arranging lectures and meetings; (6) to publish a periodical to be sent free of charge to all members, containing the reports of the work done by the International Central Commission, and discussing other subjects of interest to the cause.

Every country is represented by at least two members, and countries with more than two million inhabitants are entitled to one more representative for every five million people; but the total number of members for a single country must not exceed five.

Here in North America we have perhaps not done quite as good work as our brethren in Europe. In Canada, however, though your country has a smaller population than the United States, greater strides in the antituberculosis work have been made than in the latter country. You have already a Canadian Association for the Prevention of Tuberculosis, while we have but a few small local societies striving to do the same work you are doing. They are the Pennsylvania, the Colorado, the Ohio, the Maine, the Minnesota, and the Illinois Societies for the Prevention of Tuberculosis. Besides these State associations, there exist in Baltimore a Laennec Society for the Study and Prevention of Tuberculosis, a similar one in St. Louis composed of the alumni of the City Hospital, a Cleveland City, a Buffalo City, and Erie County (N.Y.), and in New Hampshire the Suncook Association for the Prevention of Tuberculosis. There exists as yet no American, or United States, society for the prevention of tuberculosis. It grieves me to make this statement, and I do it not without a sense of humiliation. But I am full of hope, and I trust that the example which you, our good neighbors, are setting us to-day will not be without fruits. I devoutly hope that some day in the near future we may even enjoy a union meeting of the present Canadian and the future United States societies for the prevention of tuberculosis. I look forward to the time when by a combined effort we may be able to combat tuberculosis as a disease of the masses throughout this continent.

In this thought let us find our inspiration to discuss now as intelligently as we may be able to do the subject we have chosen. With your permission, I desire to speak on The Mission of Societies for the Prevention of Consumption in the Antituberculosis Crusade.

At no epoch in phthisiology, or for that matter in the history of medicine in general, has this singular disease, called consumption, or pulmonary tuberculosis, been so much written and talked about as at the present time. I have endeavored to give you a bird's-eye view of the various antituberculosis movements in foreign countries, and of those of our own continent. You know of,

and have yourselves experienced, the widespread interest which is now taken by medical men and laymen all over the civilized world in this tuberculosis problem. If I should, however, be asked what is the cause of this strong awakening to the importance of a disease, the contagiousness of which was known to Isocrates, a contemporary of Hippocrates (460-377 B.C.), and the curability of which was demonstrated and described by the Arabian physicians as early as the tenth and eleventh centuries, I should be at a loss to answer in one sentence. There have been mighty forces in operation to bring about this awakening, which came almost simultaneously with the increase of our knowledge concerning the etiology of tuberculosis. Our greatest gratitude for the increase of knowledge in this respect we doubtless owe to that trinity of master minds, Pasteur, Koch, and Lister, those three stars in the firmament of bacteriological science who represent at the same time the three foremost nations of the world. The first, the immortal Pasteur, has taught us that an infectious disease cannot arise without the presence of an infectious germ, Koch has shown us the infectious germ of the disease in which we are particularly interested, and Lister has demonstrated to us the value of cleanliness and antiseptics in the combat of infectious diseases.

It would take me too far to enumerate here the many illustrious pupils and co-workers of these three men. Wherever medicine is taught you find the pupils of these men as teachers. They have helped you and me to understand the true nature of tuberculosis.

For the modern methods of curing tuberculosis through outdoor life, proper hygiene, and good food we are primarily indebted to the English people. It may not be generally known that even the earliest efforts in sanatorium treatment were inaugurated by an Englishman, in the person of Dr. George Bodington, of Sutton Goldfield, Warwickshire, England; and as a veritable pioneer in aerotherapy we must not forget that princess among nurses, who helped to cure the English physician, Bennett, of consumption, the great and good Florence Nightingale. Brehmer and Dettweiler, of Germany, were the pioneers of the sanatorium treatment of consumption as it is now almost universally practised, and as American pioneers of modern phthisiotherapy we must not fail to mention our distinguished colleagues, Dr. E. L. Trudeau, of the Adirondack Cottage Sanatorium, and Dr. Vincent Y. Bowditch, of Boston.

To summarize our present knowledge, and to state the basis on which our societies for the prevention of tuberculosis should work, we might say we now know that tuberculosis, especially in its pulmonary form, is an infectious, communicable, preventable, and in many instances absolutely curable disease; furthermore, that it can be cured in nearly all climates where the extremes of temperature are not too pronounced, and where the air is relatively pure and

fresh. In other words, it is not always necessary for a consumptive patient to travel long distances and seek special climatic conditions, but in most instances he has a chance of getting well even in his home climate.

Before I proceed, may I be allowed to digress just for one moment to make it clear why I call tuberculosis, and especially pulmonary tuberculosis, a communicable, and not a contagious, disease—still less a dangerous contagious disease? There is enough difference in the meaning of the words to justify an explanation. It is my firm conviction, based on the experiences and the experiments of our greatest European and American scientists, such as Koch, Straus, Grancher, Prudden, Biggs, and others, and on a somewhat extensive experience of my own, that tuberculosis is not a dangerous contagious disease, but only a communicable one. To be in contact with a tuberculous individual who takes care of his expectoration or other secretions which may contain the bacilli, is not dangerous. In sanatoria for consumptives, where the precautions concerning the sputum are most strictly adhered to, one is perhaps safer from contracting tuberculosis than anywhere else. The great danger from infection lies in the indiscriminate deposit of sputum containing the bacilli, which, when dry and pulverized, may be inhaled by susceptible individuals and then cause the disease to be developed. The communication of the germ of the disease is, however, less obscure to us in its process, and far more easily guarded against than the contagion arising from such maladies as diphtheria, scarlet fever, or smallpox. What has just been said concerning the absolute security from infection in a well-kept sanatorium cannot very well be said of a smallpox hospital, no matter how well directed the hygienic precautions. Against the danger from contracting smallpox we have thus far no other means than preventive vaccination, and in case of an outbreak of the disease the most rigid isolation. It is entirely different with tuberculosis. The simple contact of a smallpox patient may suffice to convey the disease. This is never possible with a consumptive, with whom, even should he be careless or unclean, a prolonged contact is necessary to transmit the disease. Herein lies the difference between communicable and contagious.

It seems to me essential that those of us who labor not only with tuberculous patients, but also with their friends and relatives, and a large portion of the community, whose sympathy we desire to enlist in our cause, should know the true status of a consumptive. Whether we work under the name of a society for the prevention of tuberculosis, or sanatorium association, or an antituberculosis movement of any kind, we must never, never be considered as an anticonsumptives' society. The consumptive must know that every member of an antituberculosis society is his friend, that we labor

for him and not against him; that we try to lessen his burdens, and that we are the last to make him feel as if he were an outcast from society. To do the work in this spirit will be the first and most essential duty in the mission which a society for the prevention of tuberculosis should fulfil.

Infused, then, with this spirit, of deepest sympathy for our fellow creature who may be afflicted with consumption, what can we do for him to protect him from reinfection? What can we do for him that he may not transmit the disease to others? What can we do for the community at large to protect it against the invasion of the tubercle bacillus and the subsequent inroads of the "great white plague"? What can we do to better the condition of the consumptive poor and those of moderate means?

The first question, What can such societies as yours do to protect the consumptive from reinfecting himself or infecting others? must be answered by a single word, "education." The Pennsylvania Society for the Prevention of Tuberculosis, of which I have had the honor to be vice-president for a number of years, has issued a series of very interesting and instructive pamphlets with this end in view. Permit me to give here the titles of a few of them: *How Persons Suffering from Tuberculosis Can Avoid Giving the Disease to Others. How to Avoid Contracting Consumption. How Hotelkeepers Can Aid in Preventing the Spread of Tuberculosis. Predisposing Causes of Tuberculosis; How to Avoid or Overcome them.* To complete the education of the public, this series of pamphlets might be increased, and I would suggest the following themes: How can children be protected from scrofula and other forms of tuberculous disease? What can the farmer and dairyman do to diminish the frequency of tuberculosis among animals, and thus indirectly stop the propagation of the disease among men?

I do not intend to suggest to you any means of combating tuberculosis in cattle, or measures to prevent the sale of tuberculous products, such as milk and meat. This is the province of the boards of health, with whose duties we should not interfere. Societies for the prevention of tuberculosis should, on the contrary, work in greatest harmony with the officials of the health departments. By the combined workings of these two bodies a great deal of good can be accomplished. You should not only seek to give your pamphlets the largest possible circulation, particularly in the densely crowded tenement districts, but they should be gratuitously placed in the hands of all health officers, so that they may distribute them to families wherever they think they are most needed. You should also place these pamphlets gratuitously at the disposal of physicians.

But the educational work of societies for the prevention of tuberculosis should not be limited to the mere distribution of pamphlets. There should be frequent popular lectures and re-

unions where verbal lessons are taught and discussed. These lectures and practical talks should be reported to the daily press. I do not believe there is a single newspaper in your country or in mine, or for that matter in any part of the civilized world, which would not always be glad to print the report of a meeting of an antituberculosis society. The daily press has already done much good in spreading the knowledge which consumptives and those living with them should possess. Unfortunately, the public press serves also at times for the advertising of many "absolutely sure consumption cures," which are from time to time put on the market by unscrupulous quacks. I am, nevertheless, sanguine enough to hope that in time the better class of newspapers will, in the interest of the community at large, no longer extend the hospitality of their columns to such dangerous advertising matter, especially when it is protested against by such societies as yours. How many a poor consumptive has lost his last little reserve fund by giving everything he had for a dozen bottles of that "sure and quick cure," only those who come much in contact with them know. How unscrupulous some of these charlatans are in their method of procuring certificates of cure is something which can hardly be believed. Let me tell you only of one instance: A poor woman in the last stages of consumption came to me seeking advice. When asked for the name of her former medical attendant, she confessed that she had been treated for a number of weeks by a quack concern, and now, her means being exhausted, she was made to understand that they would not continue to treat her unless she would give them a certified testimonial that she had been thoroughly cured of her disease, which had been pronounced by prominent physicians an advanced case of consumption. This poor sufferer had not derived any benefit whatsoever from the treatment, and as a result her conscience would not permit her to become a partner to such a fraudulent procedure.

To break the nefarious trade of the man who deals in sure and infallible consumption remedies, to stop the practice of the men and women who profess to be able to diagnosticate and treat consumption by letter, the Christian Scientists and Faith-curists, who ridicule preventive measures and the laws of cleanliness and hygiene, which are the laws of God, but who, as a token of faith, demand their fees in advance, we have but one weapon, and that again is education. I would suggest that every pamphlet which may be issued by a society for the prevention of tuberculosis, every lecture which may be printed for the cause, every newspaper report which is sent forth, should include a declaration which should read about as follows:

Consumption is a preventable and curable disease. The sooner the patient puts himself under the care of a competent physician

the greater are his chances of recovery. The well-trained physician is the most competent person to guide the patient in the means to prevent reinfection of himself or the infection of his fellowmen. Consumption, or pulmonary tuberculosis, is not cured, and never has been cured, by quacks, patent medicines, or any other secret remedies. The most modern and most successful methods of treating consumption consist solely and exclusively in the scientific and judicious use of fresh air, sunshine, water, abundant and good food, and the help of certain medicinal substances when the just-mentioned hygienic and dietetic means do not suffice in themselves to combat the disease.

The thorough and constant supervision of the pulmonary invalid, the immediate intervention when new symptoms manifest themselves, or old ones become aggravated or do not disappear rapidly enough, the prescription of proper food and drink, can only be had at the hands of the thoroughly trained physician.

With educating our consumptive friend, those living with him, and the public at large as to the methods of prevention and means of cure, the mission of a society for the prevention of tuberculosis by no means ceases. Our work has only commenced. We must now solve the question which I have asked above: What can we do to better the condition of the consumptive poor and those of moderate means?

The well-to-do patient can easily be advised to better his unhygienic environments; with the poor it will be far more difficult. When our work brings us into the presence of a consumptive wage-earner, living in a tenement house in a few badly ventilated and badly lighted rooms, with the earnings of better days gone, with scanty food and scanty raiment, we wish we could do, not one thing, but many things. First of all, we should wish we could take this poor sufferer to a sanatorium where he would have the best chance of cure, and where the possibility of his reinfecting himself and infecting his wife and children would be removed. We should then wish to examine all the members of the family, to find out if there were any who had already contracted the disease, and, if so, take them, too, in the earliest possible stage to a sanatorium for complete recovery? The next thing we should wish to do would be to advise a thorough disinfection of the rooms, bedding, and garments of all the members of the family. Lastly, we should wish to be able to provide for the family in want, deprived of their wage-earner, good food and, if possible, a more healthful apartment, so that all the predisposing factors of tuberculosis, which are bad ventilation, poverty, want, and malnutrition, as well as the existing foci of infection, should be eliminated for once and all.

What a vast amount of work there is to do! What a grand

mission a society for the prevention of consumption has to fulfil! Where shall we find shelter for the consumptive poor, who not infrequently, owing to an unjustified and cruel phthisiophobia (exaggerated fear of the presence of consumptives), are little welcome anywhere? The sanatorium must be to the poor consumptive not only a place of cure, but also a haven of rest. There are not enough sanatorium and hospital facilities for the consumptive poor, either in your country or in mine. Thousands of consumptives are allowed to die annually, not because their disease could not be cured, but for the simple reason that there is no place in which to cure them. One of the greatest missions of a society for the prevention of tuberculosis is, therefore, the propaganda for the erection of sanatoria for the consumptive poor, and not only for the absolutely poor, but also for those of moderate means; not only for consumptive adults, but also for tuberculous and scrofulous children. If any community would have the courage, conviction, and means to erect a number of sanatoria and special hospitals for all the tuberculous invalids who, owing to want of means, cannot be properly treated at home, there would not only be a great sanitary, a great moral, but even a great financial gain at the end of a very few years. Those of my hearers who have visited any of the European, American, or one of your beautiful Canadian, sanatoria, will bear me out when I say that there is no better school of hygiene than the well-conducted sanatorium for consumptives.

The inmate of such an institution, after a few weeks' sojourn, has been trained in hygiene and cleanliness and regularity of life. The beneficent influence of sanatorium education is so true that it has been even demonstrated that in the villages of Goerbersdorf and Falkenstein, where five of the most important and flourishing German sanatoria are situated, the mortality from tuberculosis among the villagers has actually been decreased by one-third from what it was before the establishment of these institutions. The villagers voluntarily followed the hygienic regulations, which are obligatory for sanatorium inmates. This shows how wrong our phthisiophobic friends are when they object to the establishment of a well-conducted sanatorium for fear of contagion to the neighborhood.

If a community will erect a sanatorium for its indigent consumptives, this institution will prove to be a hygienic educator to all the inhabitants. The patient returning home, whether cured or only improved, will have become a practising expert in the prevention of tuberculosis. Should he have been fond of intoxicating liquors, the enforced abstinence in the sanatorium, the good food, the regular life, and other ennobling influences which the sanatorium offers, will most probably have made a better man of him, morally as well as physically.

Let me, lastly, demonstrate to you that the communities which

you will seek to interest in the establishment of sanatoria will gain financially by placing their consumptive poor in time in such an institution. I have advanced this argument before. I am not very familiar with the condition of your own large cities in this respect, so if you will permit me I will take as an example my own State, New York, which has the largest population of any in the United States, and quote in part what I have said on this subject in my article on Tuberculosis in the *Twentieth Century Practice of Medicine,* Vol. xx., 1900. It is estimated that there are in New York State about 50,000 tuberculous invalids. Of these, probably one-fifth belong to that class of patients which sooner or later become a burden to the community. These 10,000 consumptives, absolutely poor, will sooner or later have to be taken care of by the public general hospitals. While they may not stay in one hospital for twelve months continually, they will certainly occupy a bed in one of the public institutions for that length of time before they die. According to the last annual announcement of the public charity hospitals of New York, the average cost per patient per day in the general hospitals was $1.16. Thus the cost to the commonwealth will be $4,234,000 per year for caring for the 10,000 consumptives.

What would be the expense if they were taken care of in a sanatorium? Experience in this country and abroad has demonstrated that the maintenance of incipient cases in well-conducted sanatoria can well be carried out for one dollar per day. If these 10,000 were to be sent to a sanatorium in time, at least 6,000 of them would be lastingly cured after a maximum sojourn of 250 days, at an average expense of $250 per capita. Thus, for $1,500,000, 6,000 individuals would be made again bread-winners and useful citizens. If the remaining 4,000 individuals were kept in the sanatorium one year before they died, it would cost $1,460,000. Thus, taking away from the tenement districts 10,000 consumptives, curing more than half of them and caring for the other half, and destroying 10,000 foci of infection, will cost $2,960,000. If we do not take care of them in the earlier stages of their disease, they will probably all die, since this 10,000 represents the absolutely poor who now live under the most unhygienic conditions; but before dying they will have cost the community $4,234,000.

Another important factor in the combat of tuberculosis, particularly among the poor of a large city, it seems to me, is the establishment of special tuberculosis dispensaries. All pulmonary invalids who for one reason or another cannot find sanatorium accommodation, former sanatorium patients who are convalescent, but still need medical guidance, or all people afflicted but slightly with tuberculosis, and able or obliged to pursue light out-door occupations, could find in such a tuberculosis dispensary an admirable temporary substitute for the sanatorium. In France and Germany

such special dispensaries, aided by diet kitchens, which are essential in order to carry on the dietetic treatment with the unfortunate consumptive poor, have done already a vast amount of good. In most of the cities there are as yet, and will be for some time to come, insufficient sanatorium facilities, and therefore such special dispensaries seem to be an urgent necessity.'

In our care for the consumptive adult, however, let us not forget the tuberculous child. He will be the man of to-morrow, and the more healthy and strong men and women we can make of these little sufferers, the fewer consumptive adults we shall have to take care of. The results which are obtained in seaside sanatoria for the treatment of tuberculous and scrofulous children in some of the European countries are simply marvellous. If tuberculosis is curable in the adult, it is still more so in the child. Some French institutions report as many as 75 per cent. of absolute cures of these little ones. It is strange to say that we on this continent have so few institutions of this kind. France alone has, according to *La tuberculose infantile* of December, 1901, along its sea coasts no fewer than twenty-four sanatoria for tuberculous and scrofulous children, offering accommodation to 3,923 patients. All these sanatoria are provided with educational facilities, so that the children's intellectual development does not suffer. To make propaganda for such school sanatoria for tuberculous and scrofulous children is another of the duties of a society for the prevention of tuberculosis.

Before concluding, let me beseech you not to rest here with your labors. After you have removed multiple centres of infection from tuberculosis, after having erected sanatoria for tuberculous adults and children, there will still remain, if not the most important, at least equally important, factors of predisposition to tuberculosis which we shall find in the badly-housed, in the badly clothed, in the underfed, and in the overworked individual. A society for the prevention of consumption must make it one of its duties to work for the better housing of the poor. Let it be known to employer and employee, to every landlord and tenant, to rich and poor, but particularly let it be known to the dwellers in the crowded tenement districts, that it is as dangerous to breathe foul, vitiated air, as it is to drink foul and infected water. Sweatshop work and unsanitary factories should not be tolerated in this enlightened century. The eight-hour law and the prohibition of child labor should be enforced everywhere if the underlying factors of the propagation of tuberculosis are to be removed.

All children at school should have more out-door instruction and more physical culture than they have now. It is wrong, nay, it is even a crime, to push the intellectual culture of children to the detriment of their physical growth and development. Children in our public schools should be taught the value of sensible dress,

and be equipped with the knowledge of elementary hygiene. Housekeeping and good, plain cooking should be compulsory in the curriculum in all girls' schools. The young woman will then, whoever she may marry, know how to make even a small and modest home a happy and cheerful place, and the husband, returning from his day's labor, will not seek the club or the saloon. It is so often the dark, dreary, and untidy tenement and the poor food badly cooked by the wife who does not know how to do better, which drive the husband to the saloon. Give to the laboring man a clean, cheerful home, be it ever so modest, and an intelligent housewife, who can prepare good and appetizing meals, and the rum-shop will have less temptation for him.

Alcoholism is a strong predisposing factor to tuberculosis, and while the moderate use of feeble alcoholic drinks, such as light beers, may be considered as harmless to adults when taken with their meals, alcohol should never be given to children even in the smallest quantities. In families in which there is a fear of hereditary transmission of the desire for strong drink, even the mildest alcoholic drinks should be absolutely avoided. It would also be best if all people so predisposed, or who may have acquired only the occasional desire for drink, should never smoke, for experience has taught that attacks of dipsomania (periodical sprees) are often caused by an excessive use of tobacco. The young man starting out in life should take with him the moral training which will enable him to be a gentleman, and be considered a polite gentleman, though he absolutely refuses ever to enter a liquor saloon in order to treat or be treated to drink. It is this treating habit—alas! so prevalent in our American society—which has ruined many a young man and made him a moral and physical wreck. The creation of tea and coffee houses, where warm, non-alcoholic drinks, including bouillon, are sold in winter, and cool ones in summer, is to be encouraged. It would be of additional advantage if some of these houses could also offer healthful amusements for old and young.

All such knowledge you should disseminate whenever and wherever you can. Yet, important as this dissemination of knowledge and the propaganda of sanatoria are, there still remains some work which you are called upon to do if you want to fulfil the whole mission of a society for the prevention of consumption in the anti-tuberculosis crusade. You will have to appeal to the great philanthropists of your country for material help. Without their aid, the municipalities and the health boards will be handicapped in your fight against this common foe, for no community has public funds enough to cope alone with the tuberculosis problem. Plead with those noble souls who have given and are giving so much for educational institutions to examine the work you are doing. We all are profoundly grateful for what has been done in recent years by philanthropists in the line of creating and endowing educational

institutions. Yet it seems to me that there is now at least in this northern part of America a plethora of colleges, universities, and libraries, and I know that there is in nearly all of our large American cities a penury of good model tenement houses, where the average wage-earner could enjoy a cheery, pleasant home without paying an exorbitant rent. There is a penury of public baths which, for a moderate price, should be at the disposal of the people every day, winter and summer, and for some hours in the evening. There is a penury of decently kept places of amusement, open all the year, where the laborer and his family may spend a pleasant Sunday afternoon and partake of non-alcoholic drinks. There is a penury of children's playgrounds and small parks. There is a penury of hospital and sanatoria facilities for thousands of poor consumptives who could be cured if only taken care of in time. Call the attention of your statesmen and philanthropists to this condition of affairs, and I am sure they will gladly co-operate with you in your endeavor to solve this tuberculosis problem, the most interesting, important medical and social problem of our times.

The help of your statesmen and philanthropists is needed also in another direction. You will recall that I spoke a few moments ago of the many things we should like to do for the family in the tenement home, of which several members were afflicted with tuberculosis. There is one more thing we should wish to do, of which I have not yet spoken, and that is to induce that family to leave the crowded city and move to a smaller town or village, if it is at all possible for them to do so. There they could find larger and more commodious quarters for less money. Urge them to take up agricultural pursuits or to seek at least such occupation as will demand outdoor life. I know all this will not be easy, but I see in connection with this problem a large field for true statesmanship and practical philanthropy. By making farming more profitable the statesman will stop the ever-growing tendency of emigration from village to city. By erecting and endowing institutions for healthful amusements in country districts, and thus making life more attractive, the philanthropist will confer a lasting benefit upon old and young, and indirectly increase the wealth, health, and happiness of a large portion of the population.

Every member of a society for the prevention of consumption must consider himself a worker and a missionary in a field as important as ever lay before any one who went out to preach the Gospel to the heathen. The field of work which lies open individually as well as collectively to members of societies for the prevention of tuberculosis is large. It is important, I may say it is inspiring; for there is no work more gratifying than to help in the prevention of a disease which is preventable, to help to cure a disease which is curable, and to add indirectly through such work to the prosperity, health, and happiness of our fellow-citizens, and increase the well-being of humanity at large.

OBSERVATIONS ON ANESTHESIA OF THE DRUM MEMBRANE.*

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The majority of clinicians do not believe in trying to obtain local anesthesia of the membrana tympani. Their deductions have been drawn in the main from the futility of using cocaine for this purpose in the external auditory meatus. It is but rational to believe that Nature protects the tympanic cavity from the effects of fluids dropped by chance or design into the external canal. This protection is given by the dermal layer of the drum membrane—a skin without glandular action or hair, acting only as a shield for the layers beneath.

Jacques, by utilizing the selective action of methylene blue, mapped out the nerve plexus in the middle layer of the drum membrane. The nerves spread out in radical meshes from the periphery—mostly from above. In the deeper portion of the dermal layer detached bundles run in different directions and end in apparently sensory end tips.

The mucous membrane of the Eustachian tube and of the tympanic cavity get their main nervous supply from the same source—the glosso-pharyngeal.

From a consideration of these facts we see that the external dermal layer has very little to do with the sensitivity of the drum membrane and that most of the medicines dropped into the ear or applied to the drum membrane have little effect until they nullify the shield-like action of the skin covering.

The fact that refrigeration does not extend deeply enough to desensitize the membrane demonstrates the truth of the former of the above-mentioned conclusions. Furthermore, it cannot be localized to the track of the intended incision. The refrigerating sprays need a space of a few inches to secure evaporation. This would bring under its action the whole membrane and canal. I tried to get a tip devised for spraying ethyl chloride on the region of the membrane selected for operation, but was not successful. The application of the spray to the sensitive canal and the subsequent thawing are very painful. I have thought that if liquid air could be applied, as it is claimed, by a cotton applicator it would be the ideal refrigerant knife for the membrana tympani.

*Read before American Otological Society at New London, Conn., July 7, 1902.

Unfortunately, too, refrigerants interfere with healing and may cause sloughing.

Various preparations like Bonain's—menthol, carbolic acid and cocaine—depending for their action principally on the carbolic acid have been used. More or less success has been reported. I do not believe that the anesthesia obtained by this class of cauterants is ever complete for reasons given above.

Fluids which disturb the osmotic equilibrium of the drum membrane and produce minute solutions of continuity in the dermal layer, thereby allowing cocaine or its succedanea to reach the nerve filaments are the best we have at present for use in the external canal.

The conditions favoring this application of cocaine are: (1) The removal of foreign substances and loose scales from the drum membrane and canal. (2) Dehydration of the outer layers of the membrane—a dessication which causes molecular contraction and interstices through which the anesthetic can reach the deeper parts and nerve terminations. (3) The induction of endosmosis. The first condition is met by the use of hydrozone, which is stronger and better than any other kind of H_2O_2 preparation in softening and boiling out the debris of the canal and in lessening the resistance of the dermal layer. The hydrozone is subsequently mopped out by cotton applicators or syringed from the canal. The second and third conditions are met by the use of alcohol and aniline oil. The latter is absorbed more slowly and its effects last longer than the former. The solutions used are 5 to 20 per cent. of cocaine in equal parts of absolute alcohol and aniline oil. Anesthesia is gained in 10-15 minutes. The disadvantage of the solution is that the aniline oil is toxic and obscures the field. The external canal is generally filled to ensure osmotic instability and certainty of penetration. The toxicity can, in a great measure, be prevented by not filling the canal, but by applying to the drum membrane a small wad saturated with the solution and by making only one application. The obscuration of the field by the dark oil will then be less and the solution can be more easily mopped away.

For the last six years I have experimented desultorily with tubal injections of cocaine to desensitize the drum membrane. I have tried fractional experiments, applying the anesthetic to the pharyngeal orifice to the cartilaginous portion and to the deeper surface of the tube and to the drum cavity by means of a Weber-Liol catheter or a virgin silver modification. I have come to the conclusion that the Eustachian tube is the only channel through which local anesthesia can be best obtained.

In the embryo seven-eighths of an inch long, the drum membrane is represented by connective tissue, bounded below by the

external canal, which forms its skin covering, and bounded above by the Eustachian tube, which forms its mucous covering.

From this embryological formation and from the identity of nerve supply, we find the reason for the fact that anesthesia of the deeper portions of the tube will produce anesthesia of the drum cavity and membrane. It may seem like begging the question to state this, but my trials have forced this home to my mind. I do not believe that the 5 or 6 minims I blow into the tube are sprayed by the Politzer bag into the tympanic cavity. I think that absorption of the cocaine by the tubal mucous membrane affects the drum and membrane intermediately and by reason of continuity of structure. The fact that cocaine anesthesia has a field of action of about an inch from the spot to which it is applied would likewise bring the tympanic membrane within the area of tubal anesthetization.

Unfortunately the lymphatic system of the ear is not well known. If I may be allowed to digress I think that the production of acute otitis media might be explained more by the theory of absorption from a tubal focus or of continuity of structure than by the mechanical one (sometimes urged) of septic matter blown through the tube into the tympanic cavity.

After having forced the cocaine solution into the tube, I have found that in a short time—a time varying in length according to the amount of vascularity present probing the different areas of the dermal surface of the membrane would occasion little or no distress.

My observations with this method of comparative sensibility do not coincide with those of Dr. Blake, who finds that the areas of the membrane from below upwards, and from the umbo backwards increase in movement vascularity and pain. I have sometimes found a trifle of sensibility at the lower margin of the membrane and at the region of the stapes entire absence of any but tactile sensation.

These facts and observations on atrophic drums have shown me that the dermal layer need not be considered in local anesthesia of the membrane and does not play so great a part in sensation as the mucous layer since palpation of the skin surface does not elicit pain, although it reaches only the mucous membrane. 2nd. That the pain in palpation does not result from the local impact, but from the excitation of the whole sensory apparatus of the tympanic cavity, induced no doubt by the sudden abnormal inward movement of the drug contents. 3rd. That the pain of incision depends on the pressure made on the drum membrane by the knife as much as on the outing. 4th. That the incision should consequently be made with the minimum of inward pressure and with as sharp and as thin a knife as practicable. This explains

why incision in the membrane is made so much easier by the use of the Græfe knife than by the poor knives made especially for the work—knives whose smallness of blade precludes sharpness of edge. 5th. That in order to produce the best results in this method of anesthesia isotonic or iso-osmotic solutions of cocaine should be used in order to avoid œdematization of the tube and subsequent transient otitis media.—*New England Medical Monthly,* November issue.

FRENCH LICK SPRINGS, INDIANA—ITS ORIGIN AND ADVANTAGES.

In 1816, shortly before the admission of Indiana as a State of the Union, Congress, by special act, ceded to the then Territory of Indiana the lands in and about French Lick Springs, with the provision that they should be for the sole use of the people for the purpose of making salt. Acting under the provisions of an act of the General Assembly of the State of Indiana, Thomas C. Chapman, in 1826, proceeded to bore for salt water near the springs, but his attempts were unsuccessful, and in 1829 the State was empowered to sell the lands in fee simple. Dr. William A. Bowles became the purchaser. Dr. Bowles is described by those who knew him as a man of polite manner and rare attainment, and a good physician. Bowles Spring is named after this first owner of the property.

In 1850 the first hotel on the site of the present new hotel was completed and leased by Dr. Bowles to Dr. John A. Lane, of New York. The guests during the period here referred to were principally from the Southern States, and in the year 1858 there occurred an incident having a bearing on the great struggle of 1861 in a much greater degree than is generally known. The wife of Dr. Bowles was a French lady, the owner of a number of slaves, and on a return from a visit to her Southern home brought seven of them with her. Her husband was promptly indicted by the grand jury of the county, and the trial resulted in his conviction. An appeal to the Supreme Court was taken, and in due time the case was decided against him, causing much criticism in the South and frequent commendation in the North. Coming at about the time of the John Brown insurrection and the fight at Harper's Ferry, as well as the Dred Scott decision, the Bowles case naturally attained prominence, and was the occasion for one of the scorching editorials of Horace Greeley, scoring Bowles for his attempt to establish slavery in Indiana.

In 1864 the Springs was rented by Dr. Bowles to Dr. Ryan for a period of fifteen years. Dr. Bowles dying about the time of

the expiration of Dr. Ryan's lease, the springs were managed by the administrators of his estate for a year or so, when they were leased to Dr. Ryan, James M. Andrew and Hiram E. Wells. These gentlemen were succeeded by the French Lick Springs Company, organized by Louisville people, who in July, 1901, sold the property to the French Lick Springs Hotel Company, the present owners.

French Lick is surrounded with 325 acres of forest and hills and shaded lawns. There are three springs, with three grades of water, all of wonderful curative power, peculiarly adapted to disorders so prevalent in business and social circles. The waters are clear and sparkling, and burst forth at a uniform temperature of 55 degrees Fahr., winter and summer. The air is rich with oxygen the entire year, while the nights are delightfully cool in summer. The sulphuretted hydrogen with which the atmosphere is highly charged precludes all possibility of malaria.

The present year the management has completed a large brick addition to the hotel, which places it in every way among the modern structures and affords accommodation for seven hundred guests, with conveniences and comforts of every sort. People seeking rest and recuperation rarely find it where crude comforts, poor food and miserable service exists. Congenial surroundings and peace of mind must also be had in order to accomplish the best of results. This the management has ever had in mind.

The park surrounding the hotel is interwoven with several miles of beautiful, shady walks, where wild flowers grow in profusion, and nature, on either side, lies undisturbed, in primeval splendor. Good hunting and fishing. Bass and perch abound in the tributaries of White and Lost rivers, in the immediate neighborhood. Quail, wild turkeys, pheasants, squirrels, etc., are plentiful.

There is probably no exercise more enjoyable or more beneficial for man and woman than horseback riding. Automobiling may have its pleasures, but it is not exercise. And the "wheel" is a back number. The equestrian revives the old Centaur of the Greeks—half horse, half man—an animal instinct with life and power in every vein and limb. And French Lick rejoices in the possession of a breed of horses owing their origin to the blue-grass pastures of Kentucky, the best saddle horses in the world, gentle, strong and swift, like their progenitors, the Arabs. To ride these horses daily about the picturesque hills and dales of Orange county, in pleasant companionship, is a charming way to strengthen long unused muscles and to fill the lungs with good, red blood.

The tennis, croquet, and baseball grounds are kept in first-class condition. Fine one-half mile bicycle track on the grounds. Target and trap shooting.

For other indoor exercise the Casino contains the largest regulation bowling alleys, with all the modern improvements, new billiard and pool tables and gymnasium. The dancing pavilion, enclosed in glass and surrounded by galleries, is one of the largest in the country. The orchestra is excellent and especially selected.

The noble and excellent game of golf is a special feature, owing to this character of exercise being recommended while taking the waters, and the course consists of fine, natural, nine-hole grounds, covered with blue grass, and kept in excellent condition. A physical director has charge of the athletic course, comprising a thorough system of out-door training and gymnasium work.

THE CARE OF THE INSANE IN PRIVATE PRACTICE

BY. DR. HENRY W. COE, PORTLAND, ORE.

Dr. H. W. Coe says: "There is no more prolific source of insanity than auto-infection, and to meet this condition, Bouchard calls attention to the necessity of a carefully selected diet, and the free operation of all the emunctories. Salines he especially recommends, and I can testify as to their value. Intestinal antisepsis should be a feature in nearly every case, and the agent employed for this purpose should be such as shall not interfere with normal digestion and yet be powerful enough to destroy the micro-organisms which are doing the mischief, and to neutralize the ptomaines already present in the tract. My own experience accords with that of Dr. John Aulde and Dr. G. M. Blech, the peroxide of hydrogen is a most satisfactory agent for intestinal disinfection. Dr. Aulde uses a 3 per cent. and Dr. Blech a 2 per cent. solution of hydrozone in water, from two to eight ounces of this mixture being taken a half-hour before meals. I have made use of this method with pleasant results, and in cases where there has been much gastric fermentation I have employed an additional ozonized solution, glycozone, a teaspoonful immediately following meals. The glycerine, which is the menstruum in this latter solution, acts as a mild stimulant to the intestinal glands, thereby accelerating the excretory functions of the tract. I have wondered if a little of the good effects from the use of a powerful static machine, which I have noticed in several cases of mental trouble, was not due to the general effect from the inhalation of liberal quantities of ozone from the atmosphere in which the patient has been enveloped during the use of the breeze. Dr. Riggs and many other writers are enthusiastic over the use of the static current in the treatment of insanity. Dr. Gray believes that the ozone from the static breeze accounts for much of its benefits in hysteria, and why not also in insanity?"—*The Journal of the American Medical Association.*

Public Health and Hygiene.

. . . IN CHARGE OF . . .

J. J. CASSIDY, M.D., AND E. H. ADAMS, M.D.

FOURTH QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH OF ONTARIO.

THE fourth quarterly meeting of the Provincial Board of Health of Ontario was held in Dr. Bryce's office, Parliament Buildings, November 26th and 27th, 1902, the following members being present: Drs. Vaux (Chairman), Bryce (Secretary), Cassidy, Kitchen, Oldright and Douglas. The minutes of the third quarterly meeting, held at Berlin, were read and confirmed. The reading of correspondence elicited a few notable facts. For instance, the Township Council of Derby had passed a resolution, thanking the Provincial Board of Health for their efforts to put down smallpox in Derby.

An interpretation of Section 93 of the Ontario Health Act, which will be of interest to Ontario practitioners, was given by Dr. Bryce. It appears that Dr. Bissonette, a local practitioner of Sterling, Ont., had attended five persons who lay ill of typhoid fever in the same house. He sent his bill for services in these cases to the local board of health of Sterling, in which village the five typhoid patients resided. This local board of health refused to pay the doctor's bill, contending that they had not instructed Dr. Bissonette to attend the cases of typhoid fever. On the other hand, Dr. Bissonette claimed that he had received verbal instructions from the chairman and another member of the local board of health to attend to these cases. Referring to the law, Dr. Bryce quoted Section 93 of the Ontario Health Act, which provides for the isolation of persons infected, or who have been exposed to infection, and also for providing nurses and other assistance and necessaries for him, at his own cost and charge, or the cost of his parents or other person or persons liable for his support, if able to pay the same, otherwise at the cost and charge of the municipality. Dr. Bryce interpreted this section, quoad the liability of a local board of health for payment of a physician's bill in this manner. If a physician, practising in a municipality in Ontario, reports a case of infectious disease to the local board of health of the municipality and is instructed, *even*

informally, by two members of that board to attend the case, he can collect his bill for attendance from the said local board.

The failure of the vaccination law passed in 1863 was referred to by the Secretary, Dr. H. P. Bryce, in his quarterly report. The provision for the appointment of public vaccinators by municipalities or local boards of health was in a great majority of instances wholly neglected. The result was that there was growing up a population largely unvaccinated, which condition would be very serious should smallpox break out in the cities, towns, and villages, where 45 per cent. of the population of Ontario resided. Such a condition had existed in American cities, when, in 1901, 500,000 people were compulsorily vaccinated in Boston, and nearly 1,000,000 in Philadelphia. Dr. Bryce suggested new and simpler legislation, which would provide for a specially appointed public vaccinator; for instance, the Medical Health Officer, to whom the clerk would send a list monthly of the births of all children registered, and the officer would then visit them at their homes and offer free vaccination. The cost to an ordinary township of 3,000 people would not exceed $100 a year. Where free vaccination was refused, the provision would be made that the child would not be admitted to public or private schools without producing a certificate of vaccination. The bill would, probably, include the present provisions covering the circumstances of an outbreak of smallpox.

In the other portion of his report, Dr. Bryce made some stringent criticisms of the neglect of many local health boards and a large portion of the public with regard to the dangers of filth. The situation called for some radical action. Reports of rather extensive outbreaks of enteric fever at Burk's Falls and Sault Ste. Marie, due to bad sanitation, were also submitted by Dr. Bryce. Smallpox had not been prevalent, but its existence in the neighboring States threatened another epidemic this winter, and there were now fifty cases in the Province. The report was adopted.

A report of the Committee on Epidemics, submitted by Dr. J. J. Cassidy, expressed great satisfaction at the recent action of the Hamilton City Council in being the first in Ontario to pass a by-law requiring all practising physicians to notify the Medical Health Officer of the existence of all cases of pulmonary consumption which they are attending. This step had been urged by the committee in June, 1900.

A lengthy report was presented by Dr. Amyot, of the Bacteriological Bureau of the Board, showing the work he and his assistant, Mr. Nasmith, had done at the Berlin (Ont.) sewage farm in estimating the capacity of a system of sewage disposal by septic tanks and contact beds which have been in operation there during the summer of 1902. This report, which details the

original observations and the actual work done by the reporters will be of value to Canadian hygienists as showing the capacities and limitations of the septic tank system of sewage disposal. Dr. Amyot's report was received and the Chairman, Dr. Vaux, stated that he would appoint a day when it could be more fully discussed, as the members had not had sufficient time to master the minutes of this report.

Regulations for the guidance of barbers, to ensure greater cleanliness and to prevent the spread of skin, scalp and other diseases, were adopted by the Provincial Board of Health on recommendation of the Committee on Epidemics, Drs. Cassidy, Bryce and Oldright. A deputation from the Barbers' Protective Association of Toronto, consisting of Messrs. H. Joy (Chairman), H. Thompson (Secretary), and Messrs. Beamish, Bryan and Clark, were present, and after a long discussion approved the general principles, and promised to bring them before their organization. The regulations, which were prepared in the hope that they may be adopted by the various barbers in the Association, or individually, throughout the Province, are as follows:

Hygienic Regulations for Barbers, Recommended by the Provincial Board of Health of Ontario.

1. A barber should be clean and neat in his person and dress, should use the bath regularly, and be particular in maintaining a healthful condition of the mouth and hands.

2. No person suffering from any disease of the skin, scalp or hair should act as a barber, nor should anyone suffering from consumption, or any disease commonly known as contagious, serve in this capacity.

3. If diphtheria, scarlet fever, smallpox, measles, or any other contagious disease should occur in the family of a barber, or among his friends or acquaintances, he should not nurse or visit the patients, nor in any way come in contact with them, and if any such disease should appear in his own dwelling or boarding-house, he should temporarily change his residence.

4. Persons suffering from any disease of the skin, scalp or hair, or from consumption, or persons who have recently recovered from diphtheria, smallpox, scarlet fever, or other contagious disease, should not visit any barber shop or parlor, but should be attended by the barber or hair-dresser at their own homes. All instruments used on such patients should be carefully disinfected after such use.

5. The floor of a barber shop should be made of hard wood, or if not so made, should be covered with sound oilcloth or other impermeable floor covering. The floor of the shop should be

frequently washed with hot water and soap. As a matter of ordinary routine it should be mopped every morning with a damp woollen cloth. Sweeping is not recommended. If the floor is to be swept, it should first be sprinkled with dampened sawdust or wet tea leaves and then swept, in order that as little dust as possible may be raised.

6. The shop or parlor should be well aired before the day's work is begun, and it should also be ventilated during the day. The shop must never be used as a dormitory. Every barber shop should be provided, if possible, with running hot and cold water.

7. The shop should be kept very clean, as should also all of the chairs, razors, clippers, brushes, towels, and all other articles or instruments used in the business. Towels should be carefully washed and then rinsed to remove the odor of soap.

8. Customers should be encouraged to use, or have used on them, their own instruments (razors, soaps, brushes, etc.), and in the cases of persons suffering from diseases of the skin, scalp or hair, this practice should be compulsory. For operations on the dead body a barber should have instruments used only for that purpose.

Disinfection of Instruments.

9. Razors and clippers may be disinfected by boiling for five or ten minutes in soapy water, or in water containing a little carbonate of potassium. For this purpose the instruments should be laid in an enamelled or galvanized metal dish, and be completely covered by the water. After boiling they should be cooled in cold water and carefully dried. Steel instruments boiled in the carbonate of potash solution are not liable to rust.

10. Hair-brushes, combs and strops may be disinfected by placing them in a small closet or case, which closes hermetically (is air-tight), in which is kept a saucer constantly filled with the 40 per cent. solution of formalin, about one ounce of formalin to each cubic foot of space. It is recommended that all instruments be laid on racks or trays in this closet after using. If this is done, every customer can have a thoroughly disinfected instrument for use in his case.

11. Brushes and combs will need cleaning with bran or clay and hot water at intervals.

12. Shaving brushes may be entirely dispensed with, and a puff of cotton used instead, which can be destroyed after one using. A shaving brush may be disinfected by being placed in boiling water for five minutes before using.

13. Before passing from one customer to another, the barber, or hair-dresser should thoroughly wash his hands. He should use warm water and carbolic soap, or one containing mercuric chloride.

14. The powder puff should be replaced by the powder blower,

or by a ball of wadding. The wadding should be thrown away after one using.

15. A stick of alum should never be used to stop the flow of blood. A small piece of alum, after being used on a customer, should be thrown away. Some prefer burnt alum, applied on cotton, which can be thrown away after one using.

16. Sponges should not be used in a barber's work, because they cannot be cleaned as a towel may be. In place of sponges, towels or balls of absorbent cotton should be used.

17. Toilet wax should not be used indiscriminately; each person should have his own toilet wax.

18. The hair-dresser should remove vaseline from the vessel containing it with a spatula or spoon, and not by inserting his possibly contaminated fingers into the vessel.

19. Only strictly clean linen, towels, wrappers, etc., should be used for each customer. If a freshly laundered wrapper cannot be supplied for each customer, a clean towel should be used in place of the wrapper.

Respectfully submitted,

J. J. Cassidy.
P. H. Bryce.
Wm. Oldright.

Dr. Oldright reported, as a delegate at the recent American Tuberculosis Conference at New York. A permanent organization for fighting the white plague has been formed under the caption of the "American Association," and a world's conference will be held at St. Louis in 1904. The Committee on Epidemics was authorized to co-operate with other societies to further the success of this conference.

The quarterly meeting then closed.

Bleeds, but Saves the Blood.—An exceedingly attractive little folder, more like a Xmas card than anything else, is being mailed to all of the profession in Canada by The Denver Chemical Manufacturing Co., of New York City. It tells of the therapeutic value of Antiphlogistine, which "bleeds, but saves the blood."

Won Rare Honor —Dr. Charles B. Shuttleworth, son of Prof. Shuttleworth, city bacteriologist, who has been for some time in Europe, has secured the English qualifications of L.R.C.P. and M.R.C.S., and has just succeeded in passing the examination granting him the Fellowship of the Royal College of Surgeons of London, an honor accorded to very few in Canada. Dr. Shuttleworth will return to Toronto at once.

The Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

VOL. XIII. TORONTO, JANUARY, 1903. NO. 1.

Editorials.

OVER THE HOOKAH.

AGAIN comes to us the privilege and very great pleasure of expressing to our readers, subscribers, and business friends hearty thanks for their kind appreciation of our united efforts in trying to make our journal of interest to all, and for the many complimentary adjectives they have added to our banner word—"Success."

We are, indeed, grateful for the untiring support that has sustained and encouraged our publication until the present, and now,

as we enter our thirteenth volume, we feel we can cast fear to the winds and say with the poet:

> "Hope beckons from the future, where countless joys expand,
> And life seems to our vision, like an enchanted land."

As the JOURNAL has reached the years of early manhood and unbounded conceit, it has, of course, outgrown its swaddling clothes, and although just the same little Cuss that its worst enemy has patted on the head and said, "growing as fast as a weed," it has simply grinned, looked in the mirror to see if its angel wings were sprouting, but not finding them visible as yet, just perked up its dress a bit with a garland of maple leaves and laid bare its heart to the public like a trusting swain, by making known its contents. Big with the weight of a good name, we feel that the cover chosen is one of the most fitting, if not the handsomest, worn by any Canadian medical journal. Long may it close over all that is newest, brainiest and best in medical lore, and uphold its high calling and the dignity of our noble profession.

As the old year is dying in the night—to all who have been with us and contributed so graciously by their good fellowship, their pens, and their gold, through every step of the long road over the twelve mile stones, we say from our hearts—thank you—and as 1903 peeps in at the window we wish to all the joy that comes with the morning. W. A. Y.

UNIFICATION OF THE PHARMACOPŒIAS.

IT appears that a measure of unification between the pharmacopœias of different countries will be brought about in the near future. A conference was held at Brussels, capital of Belgium, last October, between delegates representing the United States and the principal countries of Europe, in order to provide for the uniform composition of medicaments, which are generally used in all countries.

It was at Paris in 1867, at the Second International Congress of Pharmacy, that the principle of the unification of the formulas of medicaments in the different pharmacopœias was laid down. Later on, in 1889, at the initiative of the Royal Academy of Medicine of Belgium, the government of the latter country held conferences with the different authorities interested, and laid down

the basis of an agreement on this subject. The Governments of the United States of America and the following European countries were represented at the Brussels conference: England, Austria-Hungary, Germany, France, Russia, Bulgaria, Denmark, Spain, Italy, Greece, Holland, Portugal, Switzerland, Servia, Norway-Sweden, Turkey, Grand Duchy of Luxemburg. The different questions to be discussed had been carefully considered in advance by committees. The delegates, therefore, found but little difficulty in agreeing on the formulas and dosage of the preparation which it was necessary to unify. The preparations which were discussed numbered exactly seventy-two.

The variations in the percentage of digitalis leaves to rectified spirit in the preparation of Tincture of Digitalis, according to different pharmacopœias, is quite remarkable. Thus, according to the Russian pharmacopœia, the proportion of digitalis leaves to spirit is eight per cent.; in the British pharmacopœias it is twelve and a half per cent. In that of the United States it is fifteen per cent. In the pharmacopœias of France, Spain, Portugal and Belgium it is sixteen per cent.

Similar variations are observed in preparations of aconite, belladonna, colchicum, ipecac, hyoscyamus, nux vomica, opium, etc. The tincture of nux vomica of the French pharmacopœia is twice as active as preparations made according to other formulas. The syrup of ipecac of the French pharmacopœia is five times stronger than the preparation of the same name made according to the German and Italian formulas. One can easily understand that danger may often arise from the administration of preparations in the formulas of which such marked differences are allowed to exist. In order to prevent confusion in the use of tincture of opium it was resolved by the International Conference of Brussels, that in future tincture of opium would contain exactly one per cent. of morphine, so that this preparation would exercise exactly the same action when administered medicinally in every country.

It was also decided to unify the droppers of the different countries the graduated pipette used in the French pharmacopœia being adopted by all the delegates. This is an important reform, for, owing to variation in the measures employed, errors of dosage result, which render a prescription twice or three times more active than that which has been ordered by the physician.

Who Said Doctors Weren't Sports?

It was with my sturdy SAVAGE rifle,
Please, don't you wink, or I might trifle,
Of course you're guessin' who's the man?
Yes, sure enough, you'll need a fan,
Once he was wrapped in a tiny towel
And then was christened

N. ALBERT POWELL.

(700 pound moose, killed in the Township of Longford, Ont., at 1.14 p.m., on Monday, November 17th, 1902.)

W. A. V.

We are indebted to the *Gazette de Paris* for the information contained in this article. It is rather strange that so important an event as the meeting of this International Conference of Pharmacy at Brussels has not received more prominence from the contemporary medical press. We suppose that this omission has arisen from the fact that the delegates, professors, physicians, and pharmacists, did their work quietly at Brussels. A royal funeral unfortunately prevented them from celebrating by a banquet the happy understanding arrived at. All the same, the unification of the more commonly used preparations in the different pharmacopœias is a matter of considerable importance to physicians and pharmacists the world over. J. J. C.

THE PREVENTION OF CONSUMPTION IN PRISONS.

In our last issue we commented favorably upon the fact that Hamilton is the first municipality in this Province to pass a by-law requiring physicians to report cases of tuberculosis to the Medical Health Officer. We think it will not be at all surprising to learn that other municipalities will follow so excellent an example—one which is alike in keeping with common sense and the teachings of an advanced medical opinion. Another aspect of the question of suppressing the growth and diffusion of consumption has recently been noticed in the secular press, and may fairly be considered an outcome of medical opinion reacting on the Provincial Secretary, who has control of Provincial public institutions.

It has long been known that the prison-life of a convict is eminently conducive to the growth and development of consumption. The restricted diet, close confinement, and the state of mental depression arising from inprisonment, all tend to reduce the natural measure of resistance to tuberculosis, possessed by the convict. There are also many consumptives among the convicts. If precautions are not taken to destroy their expectorations and also to disinfect their cells during life and especially after death, the seeds of tuberculosis are spread among other inmates of the same prison, who, owing to the lowered state of natural resistance already mentioned, are particularly susceptible to its

attack. Then, again, some convicts leaving prison after a short term may bring to their homes the seeds of consumption, which they have acquired during their incarceration, and die at home of consumption, after a lingering illness. If this were all, their taking-off might not be an unmixed evil; but, in as much as through the gross neglect of local boards of health, the dying consumptive is allowed to leave behind him a plenteous legacy of death in the undisinfected rooms he once occupied, it is high time that public opinion were directed to this aspect of the case and that local boards of health, who neglect to do their duty by not procuring the disinfection of rooms occupied by consumptives should be requested to follow the example of Hamilton.

Recently a convict, who was serving a six months' term for larceny, died of consumption in the Central Prison, Toronto. It appears that shortly after incarceration his disease developed rapidly and an effort was made by his friends to have him released or placed in an isolation hospital until the end of his term. They did not succeed, and he had to remain in prison until death. An inquest was held and the jury stated in their verdict that the authorities in charge of the prison had seen that this prisoner was properly cared for while in the Central Prison. The jury also found that it would be a most profitable move if a separate prison was established for consumptive convicts, so that the latter might be confined in an isolation hospital or criminal sanitarium, thereby removing a formidable source of contagion from the convicts ordinarily confined in penal institutions.

We learn on good authority that the removal of the Boys' Reformatory from Penetanguishene and the erection of new buildings for this institution afford an opportunity for the erection in connection with it of such an isolation hospital or criminal sanitarium, which might also be used for the confinement of convicts suffering from "the white plague." The Ontario Government deserve great credit for undertaking such a work and for their benevolent and very intelligent appreciation of the great principles and the practice involved in the suppression of tuberculosis.

J. J. C.

TORONTO MEDICAL FACULTY ANNUAL DINNER.

That recent experiences in connection with dinners at the Students' Union have not in any way dampened the enthusiasm of the students of the University of Toronto Medical Faculty was demonstrated on December 3rd, when the sixteenth annual banquet was attended by the largest number ever present at a similar gathering in Toronto. The spacious building was beautifully decorated with banners and bunting, the tables were richly adorned with flowers and foliage, and a choice menu was well served by Webb. The exuberant enthusiasm of the students found vent in college yells and rollicking choruses, which broke out at moments both opportune and inopportune. That the medical department is prospering is indicated by the fact that this year will go forth from the halls the largest graduating class in its history.

The chair was occupied by Mr. R. F. Foster, President of the Dinner Committee, and among those present were: Vice-Chancellor Moss, President Loudon; Dr. Peters, Honorary President; Hon. Geo. E. Foster; Prof. Barker, Vice-President Chicago University; Rev. Prof. Clark, Hon. Senator Landerkin, Prof. Ramsay Wright, Rev. Dr. Sheraton, Mr. J. S. Willison, Mr. A. E. Ames, Dr. Beemer, Mr. B. E. Walker, Dean Willmott, Mayor Howland, Prof. McG. Young, Prof. Pelham Edgar, Hon. Dr. Montague, Dr. Wm. Britton, Principal Hutton, Registrar Brebner, Dr. Daniel Clark, Dr. Chas. O'Reilly, Dr. Galloway, Dr. Allen, Dr. Kenrick, Prof. Chant, Prof. McLennans, Mr. Frank Darling, architect, and Messrs. Illsley & Horne, contractors for the new building. The faculty were present in full force, among them being: Profs. R. A. Reeve, G. H. Burnham, W. H. Ellis, C. F. Heebner, A. B. MacCallum, G. R. McDonagh, H. T. Machell, J. J. Mackenzie, W. B. Thistle, A. H. Wright, W. P. Caven, J. M. MacCallum, W. Oldright and F. N. G. Starr.

The toast of "The King" having been duly honored, Dr. G. A. Peters proposed the toast of "Our Country" in an address which brimmed over with sturdy patriotism, and awoke a hearty response from his audience.

Hon. Geo. E. Foster responded in an eloquent address. He spoke of the widespread influence wielded by the medical pro-

UNIVERSITY OF TORONTO MEDICAL FACULTY DINNER COMMITTEE, 1902.

Back Row, Standing.—W. Merritt, F. W. Organ, R. J. A. McComb, R. Vansickle, R. G. Edwards, J. Ferguson, A. H. McFadden, D. Kappelle, F. J. Walker, H. McLean, J. J. Matheson, C. E. Spence.

Front Row, Sitting.—G. A. Winters, B.A., Honorary Secretary; M. E. Gowland, B.A., Second Vice-President; R. F. Foster, President; Prof. G. A. Peters, Honorary President; B. J. Ferguson, First Vice-President; A. McInnis, Honorary Treasurer; G. E. Wilson.

fession in the community in which they performed their life work. Mr. Foster drew a graphic and inspiring picture of Canada's resources and the glorious possibilities which lie before the Canadian nation. He dwelt upon the need of honest work in building up the nation, and, speaking of the unfavorable reports of shipments of Canadian produce to South Africa, said that the men who sent produce tagged Canadian, one-third of which was bad, were worse than blunderers; they were not only hurting themselves, but hurting the name of Canada, and were hindering the progress on industrial lines of this Canada of ours.

"The University of Toronto and its Faculty of Medicine" was proposed by Mr. B. E. Walker, trustee of the University, who said that the one natural resource of Canada of greater importance than the minerals and the forests was her young men, and he pointed out the importance of providing them with the facilities for obtaining a liberal education in order that the resources of the country might be developed. The present system of raising revenue for the province was, Mr. Walker said, unscientific, and he expressed the opinion that it would be in the true interest of the province and of the University of Toronto that at the earliest possible date the people should have the common sense to say to the Legislature, "Please tax us by direct taxation and do the things in this province which ought to be done in order to make the development of Ontario what it ought to be."

Vice-Chancellor Moss, who, at fifteen minutes' notice, in the unavoidable absence of the Chancellor, Sir Wm. R. Meredith, undertook the pleasant duty of responding to the toast, made an able and appropriate reply. Every year, he said, some tie came to bind the faculty of medicine and the university together; this year it was the noble and imposing building which is now rising in the park, and which, when finished, would be the most complete of its kind to be found anywhere. He expressed appreciation of the action of the Government in relieving the needs of the university, and expressed the conviction that still further assistance by the Government would meet with popular approval.

Dr. Reeve, the popular Dean, responded on behalf of the faculty, and, commenting upon the presence of Prof. Barker (of the class of 1890), now of Chicago University, whose success was due to the splendid laboratory system of the Toronto University,

said that additional laboratory buildings are required, and suggested that endowments for several chairs are needed.

Prof. Barker, '90, Toronto, of the University of Chicago, on rising to propose the toast of "The Professions," was given an enthusiastic welcome. He made a pleasant reference to his former experiences in the Toronto Medical Faculty, and in graceful terms acknowledged his indebtedness to the faculty for his professional success. In the course of an able review of the situation, professionally, in the United States, Prof. Barker said that the tendency was to shorten the B.A. course, and that the American college was being ground between the high school on the one hand and the professional school on the other. One set of men argued that a man is old enough when leaving the high school to enter professional work, and another set contending that he should have the B.A. course before entering upon his medical work. A compromise has been made in several States, by allowing a man who is going into law, theology or medicine to have the first year or two years of his professional course count as the last year or last two years of his college course. It looked, however, as though things would go further, as President Butler, of Columbia University, has seriously urged that the degree of B.A. be given at the end of two years' work, and, after consideration, the proposition did not appear to be as shocking as it at first seemed to be.

Another tendency noticeable in the study of medicine on the other side is the emphasis laid upon research and original investigation, which is greater, perhaps, than at any other time in history. Prof. Barker spoke of the great change which had taken place in the methods adopted within the twelve years he had been in the United States. When he first went to Chicago there was scarcely any professor in a medical school who gave his whole time and energy to the work of the school. Now there is not a first-class school that does not have all its chairs in the first two years endowed and filled by professors who give their whole time to the work, and who, besides teaching, do a great deal of research work, and who have assistants doing the same. There are also eminent men engaged exclusively in the practice of medicine, surgery and obstetrics in the hospitals for the universities only.

The third important feature of the situation on the other side, as explained by Prof. Barker, is the activity manifested by the

State universities, a very large proportion of which have medical faculties. Although it was supposed at first the States would oppose any large expenditure of funds for medical and professional education, it was found the people are willing to support these institutions. Prof. Barker enumerated the liberal provisions made by Minnesota, California and other States for medical education, and pointed to the generous endowment furnished by private citizens of chairs in the State universities as an evidence of the earnestness with which the question of higher education has been taken up by the people. In conclusion, he paid a glowing tribute to the magnificent work done by Toronto University as shown by the high appreciation in which its graduates are held and the prominent positions they attain in the United States, instancing the splendid attainments of Dr. Bensley, and the fact that more fellowships in the Chicago University were taken by students of the Toronto University than by those from any State university.

Rev. Prof. Clark responded for the Church, Mayor Howland for the Law, and Hon. Senator Landerkin for Medicine.

TRINITY MEDICAL DINNER.

Trinity medicals at their twenty-fifth annual banquet on December 3rd made merry, according to the best traditions of a quarter century. It is safe to say that on no preceding similar occasion were there more good cheer and assurances for the continued success of Trinity Medical College. It was referred to as the bright gem in Canada's intellectual centre, Toronto. The President, Mr. J. H. Kidd, was in charge, and at his right sat the Dean of the faculty, Dr. Geikie.

Those at the head table were as follows: From other educational institutions—Trinity University, Rev. Provost Macklem; Queen's University, W. W. McKinley; McGill Medical College, Thos. McPherson, B.A.; Knox College, W. W. McLaren, B.A.; Trinity College, A. R. Kelley; Osgoode Hall, R. D. Schooley; Dental College, M. P. Corrigan; Toronto Medical College, C. H. Gilmour; Bishop's College, Montreal, D. W. Morrison; Collingwood Collegiate Institute, H. A. Treadgold; Western Medical College, London, J. R. Armstrong; McMaster College, P. H.

Norman; Victoria College, J. H. Wallace; Toronto General Hospital, Dr. R. N. Kyle. Drs. G. Sterling, Ryerson, Charles Sheard, E. Herbert Greene, J. Algernon Temple, J. C. Mitchell, W. T. Stuart, N. A. Powell, H. Wilberforce Aikins, W. H. Pepler, Andrew Eadie, George Elliott, J. H. McConnell, J. F. Uren, T. B. Richardson, B. F. Milner, Chas. Trow, J. T. Fotheringham, Allen Baines, Geo. A. Bingham, J. Henderson, Thos. W. Harrison, L. Teskey F. Fenton, H. Parsons, H. B. Anderson, Macfarlane, Copp, G. Gordon, McMaster, S. Johnston, R. Waters, W. Lowry and Prof. Shuttleworth.

The following toasts were honored: "The King," proposed by the President; "Canada and the Empire," proposed by Mr. E. F. Glendenning, and responded to by Dr. Bingham; "Trinity Medical College and Graduates," proposed by Mr. C. A. Perkins, and responded to by Dean Geikie, Dr. Powell and Dr. Pepler; "Undergraduates," proposed by Dr. T. B. Richardson, and responded to by Messrs. Beer, Consillor, Manion, Fraleigh, Orok, Kendall, Staples and Kaufman; "Educational and Sister Institutions," proposed by Mr. Chas. Stone, of Trinity, and responded to by Dr. Harrison, of Selkirk, a practitioner 75 years of age, and also by the representatives from other institutions; "The Ladies," proposed by Mr. W. Lawrence, and responded to by Mr. H. Dobbie.

Mr. Glendenning referred to Trinity as the shining intellectual gem in the most brilliant star in the greatest empire the world had ever known.

Dr. Bingham told two good stories at the expense of Montreal and London. A Montrealer applied to use the long-distance telephone in Toronto, and was told that it would cost 50 cents to talk not a very great distance. He replied that in Montreal he could talk to Hades for 50 cents. "Yes," said the telephone girl, "but that is within the city limits." Another girl, asked how many brothers she had, had said three. "Are they all living?" "Well, two of them are, but the other is in London."

Mr. Perkins elicited loud applause when he dissected the college faculty, showing that the head possessed a voice that could discourse most brilliantly upon absorbing subjects, and that all the other parts performed their functions with admirable harmony and skill.

Dean Geikie was received with the singing of "God Save Our Dean." He responded in a most felicitous manner. He said that he had sometimes been accused of speaking too favorably of Trinity Medical College, but he couldn't help it. It was in his blood, in his flesh, in his bones, in his soul. And while he lived he hoped never to see a moment when he should not be ready to speak for the college, which was very dear to him, and which had been his hobby during almost his whole life.

Dr. Powell and Dr. Pepler were both happy in their allusions to Trinity Medical College. They recognized that "nothing is equal to wisdom and nothing so eloquent as silence," and therefore were brief. Dr. Pepler, however, looked into the future, and saw a closer connection between Trinity Medical College and the University.

Dr. Harrison made a most humorous comparison of the practice of medicine fifty years ago with what it is to-day. Fifty years ago whiskey was the staple medicine, and most doctors had unswervingly prescribed whiskey. In the profession of medicine great progress had been made, and Dr. Harrison congratulated the students before him on their good fortune in being able to study in an age that offered so much enlightenment. He was greatly in favor of the Dominion Registration Act, and advised the students to stand by the Medical Council, for through it the practitioners of the Province had been able to raise the standard of medicine and surgery and subdue quackery and imposition. When the venerable doctor resumed his seat the whole company rose, and, waving their napkins, cheered again and again.

Dr. McKinley, representing Queen's, reviewed the history of that institution, paying a high tribute to the memory of Principal Grant, who, he said, had been looked upon as their king.

Mr. McPherson, representing McGill, made a plea for unity between the colleges, and expressed the hope that among them there would be no jealousies, and that the success of one would be the success of all. He championed the proposed Registration Act, and hoped that the medical men of the different Provinces would work for its enforcement.

The other speeches were all expressive of good-will towards Trinity. The affair ended with the National Anthem.

The committee in charge were J. H. Kidd, Wm. Love, E. J.

Hogan, R. Stobie, J. Felles, W. B. Kendall, B. E. Tughan, V. E. Bryan, B. Davey, J. A. Anderson, A. G. Thompson, H. A. S. Treadgold and A. Hicks.

EDITORIAL NOTES.

Perineal Prostatectomy.—This interesting operation was discussed at a recent meeting of the Surgical Society of Paris (October 15th, 1902) by Drs. Legueu and Albaran. The former favored the opening of the urethra. He removes the whole capsule of the gland, without morcellement, the latter procedure being, in his opinion, useless, as the entire gland, even when very large, can be removed easily through the incision—and defective, because the operator is obliged to grope about in the dark, and ends by losing his way. He resects what appears to him to be an excess of the urethra, and reunites the severed ends of the remaining portions on a catheter, leaving the wound open, as well as the perineal wound. The operation is quite simple. There is a venous hemorrhage, which does not bother the surgeon; a wound of the rectum, is exceptional, and besides does not inconvenience. He had done twelve prostatectomies. In one case the patient, a man of 72 years of age, who suffered from advanced vesical and renal lesions, died. In the eleven other cases the immediate results were very good. He thought that in the enlarged prostate, prostatectomy was the operation of election, but divided the cases into groups: (1) Progressive dysurea: Prostatectomy would be excessive, all the more as it may destroy the genital functions. If accompanied with retention this operation is indicated. (2) Complete chronic retention: Prostatectomy is indicated unless there should be a primitive sclerosis concealed behind a small prostate. (3) Incomplete chronic retention: The surgeon must be prudent and understand that the contractile power of the bladder is sometimes regained with difficulty, and that the patient is more infirm after than before the operation. (4) Vesical calculus: Frequently this operation, by causing the disappearance of the calculus, which results from the enlarged gland, is better than repeated lithorities. The contra indications are: Cardiac and pulmonary affections, renal and vesical infection, and old age; in persons over 72 years of age the operation should not

be done. Dr. Albaran, who had operated in forty-two cases with one death, favored morcellement of the prostate, a manœuvre which enables the operator to avoid needless destruction of the urethra.

Beneficial Effects of Mercury in Little's Disease.—Drs. Gallois and Springer (Paris) report an interesting case of Little's Disease in which the patient, a girl of four, was notably benefited by mercury. Her mother had given birth to this child at the seventh month of pregnancy, after a fright. The child had received treatment from several physicians and at the time she came under the observation of the reporters (May, 1902), was just turned four years old. She was unable to walk and could not stand up without assistance. Her knees turned in and a slight contraction was noticeable in her legs. She could not even remain seated on the floor, and fell over when she was not held. The other signs observed were strabismus, an idiotic air and a very backward intellectual condition. Though the reporters found no certain sign of syphilis in the parents of the child they gave her 20 drops of Van Swieten's solution per diem, increasing the doses progressively. Eleven days afterwards the child walked alone, exhibiting still the spasmodic gait. Since that time her motor difficulties continue to disappear, although more slowly than at first. Her mental condition has also undergone a notable amelioration. The reporters state that they consider the case one of Little's Disease (Marie type), with arrested development of the pyramidal tract, as the child was born prematurely. Her mental condition, however, appears to them too markedly diseased to enable them to eliminate altogether a brain lesion. They ask: Shall we conclude from the effects of treatment, that this child's disease is of a syphilitic or parasyphilitic nature? Should we think that mercury can prove curative in cases which are not of a syphilitic origin? They think that a mercurial treatment should be used in a case of Little's Disease even when a history of syphilis is not obtainable.

Rhythmic Traction of the Tongue vs. Inhalation of Oxygen in Carbon-Monoxide Poisoning.—Shortly after Zola's death the contention was raised in the French press, that an error had been committed in resorting to rhythmic tractions of the tongue in his case,

and that the inhalation of oxygen should have been resorted to immediately. Dr. Laborde, in discussing the matter at the French Academy of Medicine (October 15th, 1902) contended that rhythmic tractions of the tongue and Sylvester's method of artificial respiration had been employed by the attending physician, Dr. Bermann, assisted by Mr. Luc, a pharmacist, and that inhalation of oxygen and injections of ether had also been employed for three consecutive hours. The treatment failed, because toxic and asphyctic death had completed its work, owing to an intense and irremediable absorption of the gaseous poison. Death having taken place, neither the inhalation of oxygen, nor the rhythmic traction of the tongue could restore the vital spark. In the case of Mde. Zola the circumstances were not quite the same. Neither pulse nor respiration were perceptible in her at first, a rosy color of the face being the sole indication of life. After rhythmic tractions of the tongue had been practised on her for from twenty to twenty-five minutes by Dr. Bermann, artificial respiration being employed simultaneously by the pharmacist, her breathing was restored. Dr. Laborde made this statement to controvert the opinion held by some observers that rhythmic tractions of the tongue were futile in carbon-monoxide poisoning, and that the only treatment should consist in giving inhalations of oxygen.

Ontario Health Act.—We invite the attention of physicians practising in Ontario to the interpretation put upon Section 93 of the Ontario Health Act. (*Vide* report of Fourth Quarterly Meeting of the Provincial Board of Health of Ontario. Page 38.) If a physician reports a case of typhoid fever (an infectious disease under the Act), and is instructed, even informally, by two members of the local board of health to attend the patient, who is unable to provide medical attendance at his own cost, then the physician can collect his bill for attendance from the local board of health. Local boards of health may possibly not be charmed with this interpretation of Section 93 of the Health Act. A good many of the worthies who shine on local boards of health like to pat the doctor on the back, in a patronizing sort of way, and encourage him to expose himself and his dear ones to contagion, while they stand in safety on the sidewalk. But when the doctor has the nerve to ask the local board to pay his bill for services to paupers suffering from infectious disease they refuse to pay and

charge him with extortion. In such cases it would be well for the physician to secure himself against chicanery, by having evidence that instructions were given him by two members of the local board of health. "Always be sure of your evidence."

Regarding the Etiology of Appendicitis.—Regarding the origin of appendicitis Dr. Jullien, Paris, recently expressed an opinion, which is novel and may contain a grain of truth. He attributes this disease to the modern methods of administering medicines in the form of powders and granulated preparations. The ease with which drugs may be administered in capsules and the convenient forms furnished by our new means of sugar-coating and granulating medicated substances, exercise, in his opinion, an influence in producing intestinal calculi. At no time have the phosphates, the soluble or insoluble salts, been more abundantly employed in morbid conditions, and he asks physicians if these substances are normally eliminated, or if, on the contrary, they do not leave in the intestines a nucleus to produce these concretions, which may contribute to the development of the modern scourge, appendicitis.

Financial Side of Medical Practice in France.—There are 2,600 doctors in Paris; forty of them make from $40,000 to $60,000 per annum; fifty make $20,000; fifty make from $10,000 to $20,000; two hundred make from $6,000 to $10,000; two hundred make from $4,000 to $6,000; seventeen hundred make an average income of $725. In all France there are 16,000 doctors, who make an average income of $550. This is not the net gain, but the gross amount. Evidently France does not believe in pouring a golden stream of napoleons into the hands of her physicians. Dr. Brouardel, probably the most renowned physician in France, had, according to Dr. Chaillysset, a very poor return in income for the amount spent on his education by his family. When Brouardel was twenty-eight years old his family had spent $10,000 on his education. In the first year of his practice he made $130, and in the seventh $1,020. J. J. C.

In the Sweet by and by.—In the sweet by and by we shall meet in solemn conclave, and pass resolutions, providing for an elevation of the standard of matriculation of the Ontario College of Physicians and Surgeons. It may be in 1904, it may be

still later in the twentieth century; but we are resolved to pass the resolutions anyway. We did pass resolutions of an elevating character in June, 1902; but since then we have discovered the error of our ways and have decided to climb down, as that operation is easier than climbing up. Some fellows have the prehensile faculty better developed than others, and can go high or low on the tree as the humor takes them. Just now, it seems that a position on the dead level, near Mother Earth, would be more conducive of longevity than gyrations on the top branches; but in the sweet by and by we may do better.

Novel Cause of Epilepsy.—There is said to be a very curious and interesting class of cases noticed among the invalided soldiers who have returned from South Africa. It is stated that the number of cases of epilepsy observed in South Africa was astounding, over 2,000, according to the report. The epileptic attacks were not caused by wounds, but by the harsh, screaming detonations of modern firearms, particularly repeating cannons, and by the explosions of lyddite shells. It is feared that these epileptic attacks will be incurable.

PERSONALS.

Dr. A. Allison, of Caledon East, was married to Miss Nellie O'Connor, of Toronto, in St. Joseph's Church, Buffalo, on November 29th, 1902.

Dr. Dame, late of Spadina Avenue, and who has been practising at Thornhill for a year or two, has again settled in Toronto at 19 Howland Avenue.

Letters patent have been issued incorporating H. P. R. Temple, H. W. Brick, R. H. Temple and P. H. Temple, of Toronto, and G. A. Pattison, of Montreal, under the title of the Temple-Pattison Company, to purchase and deal in surgical, chemical, physical, and other goods. Capital, $100,000.

Items of Interest.

Two More Coroners.—Dr. E. T. Snider, of Cayuga, is appointed Associate Coroner for Haldimand, and Dr. D. P. Bogart, of Whitby, Associate Coroner for the County of Ontario.

Yell of Syracuse Medical Students.—"Well man, sick man, dead man—stiff; Dig 'em up, cut 'em up, what's the dif? Humerus, tumerus, blood and gore, Syracuse, medicos, nineteen four.

Polk's Medical Register.—The eighth revised edition of this well-known work is now under way, and will appear in due time. Send for descriptive circulars, and do not be deceived by imitators. Polk's Medical Register and Directory has been established sixteen years. R. L. Polk & Co., Publishers, Detroit, Mich.

Dr. S. S. Cornel's Decease.—Dr. S. S. Cornel, of Athens, one of the brightest physicians of eastern Ontario, passed away on December 2nd, aged 37 years. He contracted la grippe at New York a few weeks ago and never recovered. He leaves a widow, daughter of Mr. Amos Robinson, of the St. Lawrence Hotel, Brockville, and three children.

Dr. A. Y. Massey's Marriage.—News was received recently by cablegram of the marriage on December 7th, at Benguella, West Africa, of Alfred Yale Massey, M.D., M.A., to Ella Margaret, youngest daughter of the late Daniel Telfer Arnoldi (formerly an officer of H. M. 76th Regiment) and Mrs. Arnoldi, of 109 College Street, in this city. Dr. Massey, who is a son of Mr. Levi Massey, of Wallbridge, Ont., graduated in Toronto at the Trinity Medical College, and has been in West Africa about three years.

Death of Dr. Dennis Nunan.—Dr. Dennis Nunan, a highly-esteemed resident of Guelph, died on the 12th ultimo in his 64th year. He was born in County Kerry, Ireland, and came to Canada when a child. After a few years as Principal of the Separate Schools of Guelph he graduated at Ann Arbor, Mich., in 1867, and from the Toronto Medical School in 1869, since when he has practised his profession in Guelph. He was one of the founders of the St. Patrick's Society of Guelph, and was a devoted adherent of the Roman Catholic Church.

Toronto Man Elected.—The American Public Health Association concluded its annual convention at New Orleans, La., on December 12th, by electing officers, headed by Surgeon-General Wyman for President. The new Executive Committee includes Dr. John A. Amyot, of Toronto. Washington, D.C., was chosen

as the next place of meeting. Resolutions were adopted urging that illuminating gas be placed under municipal control and asking for legislation that will require railroad and steamship companies and hotels to furnish pure drinking water.

Notice Regarding Matriculation in the Medical College.—Dr. R. A. Pyne, Registrar of the Medical Council, wrote three weeks ago to the Minister of Education, announcing the decision of the Executive Committee in regard to matriculation with the College of Physicians and Surgeons of Ontario. To remove any doubt as to the interpretation to be given to Regulation 1 of Section 1 of the regulations of the Medical Council for 1902-3, it is now decided that the standard for admission for 1903 shall be the same as for 1902, and for 1904 and subsequently the standard of admission shall be either: 1. Junior matriculation in arts, including physics and chemistry, with honor standing in any one subject of the course; or, 2. Senior matriculation in arts as now provided by Regulation 2, Section 1. As the changes now announced will not come into operation until 1904, there will be ample opportunity for their discussion and amendment, if necessary, before the next meeting of the Medical Council next June. It is believed that the increase in the standard of matriculation is a reasonable one, and will be found acceptable to those who maintained that the standard as at first proposed was practically prohibitive.

Canadians' Gift of $80,000 a Year to King Edward's Hospital Fund.—Just prior to the Coronation of King Edward the news came from London that Lord Strathcona and Lord Mount Stephen had made munificent donations to King Edward's hospital fund for London, but no amounts were stated, and it was merely a matter of conjecture as to the sum given. Now, however, the veil has been lifted, and the honorary secretaries of King Edward's hospital fund acknowledge the receipt at the Bank of England of the sum of £4,094 2s. 4d, "being the first quarterly dividend arising from the securities so generously given to the fund by Lord Mount Stephen and Lord Strathcona." This announcement shows that the two Canadian peers have devoted securities to this object which, for all time (at the prevailing rate of interest), will give an annual income of £16,376 13s. 4d., equal to $79,699.83. The munificence of the two famous Canadians was fittingly referred to by the Prince of Wales in a speech which he made at the general council of King Edward's hospital fund, held at York House, London, on November 24th, when his Royal Highness said: "Mrs. Lewis' gift was followed by the splendid endowments from Lord Strathcona and Lord Mount Stephen, who have thus extended to King Edward's fund that open-handed generosity by which they have in Canada created and endowed so many great works of charity."

Ontario Medical Council Elections.—As a result of the recent elections the following now compose the Council of the College of Physicians and Surgeons of Ontario. *Territorial Representatives:* No. 1, J. L. Bray, M.D., Chatham, Ont.; No. 2, J. Mearns, M.D., Woodstock, Ont.; No. 3, J. Macarthur, M.D., London, Ont.; No. 4, J. A. Robertson, M.D., Stratford, Ont.; No. 5, L. Brock, M.D., Guelph, Ont.; No. 6, J. Henry, M.D., Orangeville, Ont.; No. 7, P. Stuart, M.D., Milton, Ont.; No. 8, S. H. Glasgow, M.D., Welland, Ont.; No. 9, R. J. Gibson, M.D., Sault Ste. Marie, Ont.; No. 10, E. E. King, M.D., Toronto, Ont.; No. 11, A. A. Macdonald, M.D., Toronto, Ont.; No. 12, J. H. Sangster, M.D., Port Perry, Ont.; No. 13, S. Hillier, M.D., Bowmanville, Ont.; No. 14, T. H. Thornton, M.D., Consecon, Ont.; No. 15, W. Spankie, M.D., Wolf Island, Ont.; No. 16, J. Lane, M.D., Mallorytown, Ont.; No. 17, M. Klotz, M.D., Ottawa, Ont. *Collegiate Representatives:* W. Britton, M. D., Toronto, Ont., University of Toronto; H. S. Griffin, M.D., Hamilton, Ont., Victoria College (not yet elected); V. H. Moore, M.D., Brockville, Ont., Queen's College; A. J. Johnson, M.D., Toronto, Ont., Trinity College; J. Thorburn, M.D., Toronto, Ont, Toronto School of Medicine; M. Sullivan, M.D., Kingston, Ont., Royal College of Physicians and Surgeons, Kingston; J. A. Temple, sen., M.D., Toronto, Ont., Trinity Medical College; W. H. Moorhouse, M.D., London, Ont., Western University, London, (not yet elected). *Homeopathic Representatives:* E. A. P. Hardy, M.D., Toronto, Ont.; Cl. T. Campbell, M.D., London, Ont.; G. Henderson, M.D., Strathroy, Ont.; L. Lutton, M.D., St. Thomas, Ont.; E. T. Adams, M.D., Toronto, Ont.

The St. Catharines Well.—Rheumatism, both the acute and chronic forms, is a disease, as every general practitioner knows, very hard to eradicate from the system. When once the uric acid condition is thoroughly established, drugs seem powerless in combating it or else the effect the drugs have on the digestive system is such that the end is worse than the beginning. Anything that will increase the elimination of the poisons from the system without any injurious effect to the stomach should be eagerly sought after by those dealing with such cases. By increasing the excretion of urea through the skin, bowels and kidneys, and by stopping the ingestion of those foods that increase urea in the body, we have the only means by which the quantity of uric acid may be reduced in the system. The free action of the sudorific glands has more to do with keeping the body in a healthy condition than is generally conceded. The waters of the "St. Catharines' Well" are known throughout this continent as one of the most efficacious of all the muriated saline waters of North America. The chlorides play an important part in the animal economy by furthering the processes of absorption and excretion. Externally chlorinated waters in baths increase the functions of the skin in consequence of their action on the peripheral nerves, thus increasing the ex-

cretion of urea. Internally, their action is most beneficial in stimulating the action of the liver, kidneys, and intestines. Thus we have in the waters of the St. Catharines Well the essential elements for the proper treatment of rheumatism. At the "Welland" in St. Catharines, the diet is carefully regulated, massage and electricity used in connection with the baths in suitable cases, so that altogether there is to be found in this famous health resort everything for the rheumatic patient.

King's Honor to Canadian.—Fiset and McMillan, D.S.O.—It was a source of great pleasure to the profession in Canada to learn not long ago that Lieut.-Col. Fiset and Captain McMillan, of the Canadian Corps, had been the recipients at the hand of the King of the decoration of Companion of the Distinguished Service Order. Lieut.-Col. Fiset is known to Toronto officers, particularly those who served with him in South Africa, as the "game little doctor," and there appears to be a number of reasons why he should be made a companion of the Distinguished Service Order. Everyone seems to know of Col. Fiset, and all voice the eulogy which Colonel Buchan bestowed upon him when chatting with a reporter. "Fiset was with us," said Col. Buchan, "and he was a good doctor, a fine fellow and a tip-top chap all round. He came out with us (the first contingent) as assistant surgeon, and he particularly distinguished himself during the first couple of days at Paardeberg, in fact, for ten days he was continuously in evidence. He was always on the firing-line with ready aid for the wounded, and all knew Fiset. He also distinguished himself in a similar manner at Hout Nek and Zand River. After the action at the latter place the regiment marched to Heilbron, where Dr. Fiset took sick and was put in the hospital. He was pretty badly used up. While he was there he was taken prisoner by Dewet, who occupied Heilbron after Gen. Ian Hamilton's column (which included the Canadians) had vacated it. He was subsequently released by the Boer general, and he rejoined the regiment at Springs, where everyone was glad to see him resume duty. He was put on the line of commuication between Johannesburg and Vereeniging, and he did such excellent work that he was highly commended by the principal medical officer in charge of the line of communication." Lieut.-Col. Fiset went to Africa with the rank of captain and while out there was promoted to the rank of major. Since his return to Canada he was made a lieutenant-colonel. He is on the army medical staff at Ottawa as assistant to Col. Neilson, director-general of the medical service. The fact that his work in South Africa has been recognized by the powers that be is a source of sincere satisfaction to the officers and men who served with him during the campaign. A brother of Col. Fiset, D.S.O., was an officer of the R.C.R.I. at Toronto four or five years ago.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

TYPHOID FEVER IN RELATION TO MILK SUPPLY.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIRS,—Realizing, as we do, that some of the typhoid fever cases in the city may be due to the milk supply, we have been making special efforts to ascertain if the sources from which we obtain our milk are free from the disease. As far as our investigations have gone, we are pleased to state that there is extremely little typhoid fever in the districts from which Toronto's milk is drawn, and none whatever on the farms from which we obtain our supply. Both our veterinary and dairy inspectors have made a thorough inspection of all the farms and report no sickness. We have also inquired of the leading doctors in these districts, who state that cases of typhoid are extremely rare this autumn and that they have no cases among our patrons.

Notwithstanding these encouraging reports, we are having a most complete and rigid bacteriological examination made of all the milk received at this dairy, and if any milk is found to be tainted it will at once be shut off. We are following this up systematically, taking the milk from twenty-five farms per day, so that in the course of a week or ten days we will have our investigations completed. Yours very truly,

CITY DAIRY CO., LIMITED.

Ten days later we heard again from the company to the following effect:

Dear Sirs,—We have now completed our investigations and beg to report as follows:

1. That no typhoid fever exists on any of the farms supplying us with milk, and so far as we can ascertain, there have been no cases for over a year.

2. The sanitary conditions of the farms, while open to im-

provement in some cases, are still as good as can be expected, the water supply, with one exception (as is explained below), being free from contamination with bacteria known to cause disease.

3. A complete and exhaustive bacteriological examination of the samples of the milk received from the different farms has proved that, with one exception, the milk was free from contamination.

4. This one exception was found to be contaminated with bacillus coli and possibly typhoid bacillus (as is well known, it is exceedingly difficult to distinguish between them). This discovery was made by our bacteriologist on the 14th inst. The milk received that morning was at once heated to 212 and dumped down the sewer, and the cans subjected to a very severe sterilization. Word was then sent to this farm, the milk stopped, and the case reported to the Health Department. A subsequent test of the water on the farm found the well water to be contaminated with this class of bacilli. While we thoroughly wash and steam our cans before returning them to the farm, it is presumed that the pails were washed and rinsed in the well water and the milk contaminated in this way. We have since ascertained that the owner of this farm had typhoid fever himself about eighteen months ago.

These facts are of interest to the profession as showing that the City Dairy Co. are using every effort to supply a bacteriologically pure milk to its patrons.

"A VICIOUS RELIGIOUS MONOMANIA."

To the Editor of The Canadian Journal of Medicine and Surgery.

Dear Sir,—In your November number appears an article in which the writer refers to Christian Science as a "vicious religious monomania," "a menace to the health of the community," and "absurd cult," and other names equally as uncomplimentary. I am sure the writer of the article has never studied Christian Science, or he would not make such statements, for which he offers no word of proof. Would he condemn the teachings and practice of Jesus the Christ as a "vicious religious monomania"? Yet that is practically what he does in condemning Christian Science, which

is based wholly on the Master's teachings. Possibly some of the doctrines of Christian Science may seem ridiculous to him, as they did to almost everyone who has accepted Christian Science, when they first heard of it, but a close, unprejudiced study of the subject will show that it is not only reasonable and logical, but absolutely demonstrable.

As is well known, the Christian Science churches are made up largely of persons who have been sick and despondent, many of them having been given up as hopeless by medical men. Yet Christian Science has brought up the standard of these people to such a point that the clerk of the First Church of Christ, Scientist, in Boston, with a membership of over 22,000, was able to report that the mortality rate of that church for the year was only 2.32 per thousand, being 17.38 per thousand less than the rate for the city of Boston during the same period. Other Christian Science churches all over the United States and Canada would present much the same record. Is a system which will produce such results "a menace to the health and well-being of the community"?

In regard to the lectures of the minister referred to, against Christian Science, it is only necessary to say that he has never studied the first principles of Christian Science sufficiently to heal a single case of sickness by its means, and is therefore entirely unqualified to explain its philosophy and practice intelligently. Until he does so understand it, his arguments cannot possibly have any weight with thinking persons.

Thanking you for your courtesy, I am,

Yours respectfully,

C. R. Munro.

Toronto, 20th November, 1902.

The Physician's Library.

BOOK REVIEWS.

Manual of Antenatal Pathology and Hygiene. The Foetus. By J. W. Ballantyne, M.D., F.R.C.P., F.R.S. Edin. Edinburgh: William Green & Sons. 1902.

A new work by such a voluminous writer on foetal pathology as Dr. Ballantyne may well be examined with interest, and requires perhaps more than the ordinary space of a review article to do justice to it. The present work is devoted to antenatal pathology and hygiene, the author reserving for a future volume the subjects of Morbid Heredity and Teratology. The author divides his book into two sections, the first being taken up with a discussion of the relations of antenatal to neonatal and postnatal pathology, the second being devoted to the pathology and hygiene of the foetus proper. The opening chapters of the first section are given to such general topics as the relations of foetal pathology to other branches of medicine, and one cannot help feeling that here, at least, the book is somewhat padded with reflections and diagrams which are hardly necessary in a scientific work. Succeeding chapters of this section consider types of neonatal disease, illustrating the intrusion of the antenatal factor, such as traumatisms, intra and neonatal infections and disturbances resulting from neonatal readjustments such as icterus neonatorum. The first few chapters of the second section are devoted to the subject of the normal anatomy and physiology of the foetus, then follow chapters upon types of transmitted disease, in which we find, as would be expected, that those upon foetal tuberculosis and syphillis are perhaps the best in the book. The concluding pages are given to questions of therapeutics and hygiene.

To the work which he has given us, Dr. Ballantyne has brought not only the fruits of his own extensive investigation, but also the results of his no less extensive reading, and the pathologist who reads the book will find in it a very full reference to all of the most important literature upon the subject, which he may look for in vain in other works. In this, perhaps, lies the greatest value of the book, because a perusal of it leaves one with the feeling that the subject of foetal pathology is still in such a hazy condition that much more careful investigation must be devoted to it before a satisfactory manual can be written.

It is a surprising fact, that notwithstanding the ease with which material is obtainable for the study of the pathology of the

foetus, so little accurate knowledge exists upon the minute pathological anatomy, its relations to normal histogenesis and their bearing upon antenatal and neonatal physiology. We believe that this is the fault of the pathologist rather than of the obstetrician, in that he has neglected this most interesting and important branch of his subject. The obstetrician naturally approaches the subject from the practical side, and has neither the time or the training necessary to take up questions of morbid histology. Dr. Ballantyne's book is certainly written more from the standpoint of the obstetrician, and will consequently be read by the latter with more interest than by the pathologist, but the pathologist will, nevertheless, find in it a mine of interesting information, and he cannot fail to be impressed with the unsatisfactory state of the subject, and the need for more purely pathological investigations into antenatal conditions.

The book is well illustrated, and the publishers are to be complimented upon its general make-up. J. J. M'K.

A Reference Hand-Book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science. By various writers. A new edition, completely revised and re-written. Edited by Albert H. Buck, M.D., New York City. Volume V. Illustrated by chromo-lithographs and 576 half-tone and wood engravings. New York: Wm. Wood & Co. 1902. Canadian Agents: Chandler Massey Limited, Toronto and Montreal.

Volume five has a very large list of contributors, amongst them being very prominent members of the profession in almost every country. We find, for instance, such names as Drs. Herbert S. Birkett and A. D. Blackader, of Montreal; Dr. J. Price Brown, of Toronto; Dr. Jos. D. Bryant, of New York City; Dr. M. D. Crockett, of Buffalo, N.Y.; Dr. C. G. Coakley, of New York City; Dr. H. J. Berkley, of Johns Hopkins University, Baltimore, Md.; Dr. F. J. Finley, of Montreal; Dr. W. F. Hamilton, also of Montreal; Dr. T. C. Janeway, New York City; the late Dr. Wyatt Johnston, of Montreal; Dr. A. B. Judson, of New York City; Dr. E. B. Lane, of Boston, Mass.; Dr. Roswell Park, of Buffalo, N.Y.; Dr. A. G. Nicholls, of Montreal; Dr. F. J. Shepherd, of Montreal; Dr. B. Small, of Ottawa, and Dr. N. J. Ponce de Leon, of Havana, Cuba. It will readily be seen, therefore, that with such talent to draw upon, it is little wonder that the Reference Hand-Book is so replete with the most recent information upon almost as many separate and distinct subjects as a medical dictionary contains. Volume V. embraces almost every subject from the letters *Inf* to *Mos,* and is fully up to the standard of the first four volumes. The space devoted to the subject of leprosy may be considered as a short, boiled-down, and yet up-to-date chapter, the

illustrations of tubercular and anesthetic leprosy, as also the microphotographs of a leprous nodule in the skin, section of nerve showing lepra bacilli, and section of leprous spleen, adding much to the value of the article. Another chapter which interested us very much is that by Dr. Elliott J. Brackett, of the Children's Hospital, Boston, on Scoliosis. It is one of the most readable sections in Volume V. and shows that the author has the faculty of writing clearly and concisely even on a subject otherwise somewhat dry and uninteresting. Dr. Brackett's half-tone illustrations are capital. The large plates in this volume are particularly fine, and it is safe to say that, if the editor keeps up the standard of the remaining volumes of Reference Hand-Book to that of the first five, he will have succeeded in getting out a series that will redound to his credit and that of his contributors. W. A. Y.

A Text-Book of Pathology and Pathological Anatomy. By Dr. Hans Schmans, Extraordinary Professor and First Assistant in the Pathological Institute, Munich. Translated from the Sixth German Edition. By A. E. Thayer, M.D., Instructor in Pathology in the Cornell University Medical College, New York. Edited with additions by James Ewing, M.D., Professor of Pathology in the Cornell University Medical College, New York. Illustrated with 351 engravings, including 35 colored inset plates. Philadelphia and New York: Lea Brothers & Co. 1902.

To those students and practitioners who are not fortunate enough to be conversant with the German language the translation of this work into clear English will prove to be a boon, and we feel a deep debt of gratitude to Dr. A. E. Thayer for his plain rendering of the text; also to Dr. James Ewing for editing the same. We find it to be a compact and comprehensive book, replete with condensed statements of present knowledge, amplified with many well-chosen instances and references, at the same time not admitting lengthy discussions or quotations of other authors. The contents are arranged systematically, enabling the student to follow the different changes of the organism. The many illustrations, 35 being richly colored inset plates, are carefully selected and beautifully executed. Throughout the volume may be seen in a striking fashion the pre-eminent faculty of the German training, viz., thoroughness. The work is well bound, the print delightfully plain, and in every way a credit to the publishers.

W. H. P.

Dr. Geo. M. Gould's "Biographic Clinics, the Origin of the Ill-Health of DeQuincey." (Publishers' advance notice)

It is a peculiar fact that the letters and other writings of DeQuincey, Carlyle, Darwin, Huxley and Browning, liberal as

they are with references to the continued ill-health of those great writers, have not before this suggested to the medical profession an opportunity for research into the causal factors of those physical conditions. That the opportunity has not until now been recognized in its proper light is evidenced by the hitherto total absence of any work dealing with this subject. Dr. George M. Gould's Biographic Clinics, (P. Blakiston's Son & Co., Philadelphia) which is devoted to this neglected subject should, therefore, prove a most unique and valuable contribution to biographical and medical literature. The work is announced for publication in December.

Dr. Gould has gathered from the biographies, writings and letters of the five named men every reference to their ill-health. Each endured, as is well known, a life of suffering which made almost every day a torment, and by which their work and worth as an asset of the nation and civilization was conditioned and often rendered morbid. The cause of their affliction was an utter mystery to their physicians. No explanation explained, and no cure cured. Dr. Gould has gone into the "why" of this very thoroughly, and the conclusion reached by him, from logic and from a careful summary of the clinical symptoms, is that each of the writers suffered from eye-strain, and that scientific correction of their ametropia would have transformed their lives of misery into lives of happiness. A history of the discovery of astigmatism and eye-strain, with a discussion of its indications and responsibilities, completes the work. It is interestingly written, and will undoubtedly meet with a ready sale among medical men and those interested in the works and lives of the quintette of great writers.

Cancer of the Uterus. A Clinical Monograph on its Diagnosis and Treatment, with the after results in seventy-three cases treated by radical operation. By ARTHUR H. N. LUVERS, M.D. Lond, F.R.C.P. Lond., Obstetric Physician to the London Hospital, etc. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. London: H. K. Lewis. Canadian Agents: Chandler Massey Limited, Toronto and Montreal. 1902.

This extensive monograph of 320 pages treats this important subject largely from a clinical and surgical point of view, and gives in a picturesque and vivid style the results of the author's large experience in the diagnosis and treatment of this always formidable, and so often hopeless and fatal disease. In the first place, the author emphasizes the fact that if cancer of the uterus, whether of the cervix or of the body, be met with and diagnosed in a fairly early stage, there is encouraging prospects that the complete removal of the diseased structures, by radical operative measures, permanent relief and benefit will be derived in a considerable

number of cases, and the author supports his contention by the clearest evidence and proof from his own practice. He gives the fullest details of seventy-three cases treated by radical operations. Early diagnosis and the complete removal of the diseased tissues by operation, is the trend of this highly practical and valuable work. As regards an early diagnosis, he asserts that the desired result will follow only when women themselves are made familiar with the early symptoms of cancer of the uterus. If it was generally known that the occurrence of bleeding in between the menstrual periods, or after the menopause was a suspicious symptom, a number of them would seek the advice of their usual medical attendant at once, and in this way a large proportion of cases would come under early observation. As regards operative procedures, in spite of fairly good results with the supra-vaginal amputation, he has almost abandoned it in favor of complete removal of the uterus, following in this respect the almost unanimous practices of American gynecologists.

The whole of the book is excellent, its principles and practice scientific and sound, and can be warmly recommended. The illustrations are numerous, original, clear and well drawn, and elucidate the text admirably. The book is beautifully printed, with large type and on good paper. G. T. M'K.

The American Text-Book of Obstetrics. In two volumes. Edited by Richard C. Norris, M.D.; Art Editor, Robert L. Dickinson, M.D. Second edition, thoroughly revised and enlarged. Two handsome imperial octavo volumes of about 600 pages each; nearly 600 text-illustrations, and 49 colored and half-tone plates. Per 1 vol.: Cloth, $3.50 net; sheep or half Morocco, $4.00 net. Philadelphia: W. B. Saunders & Co. Canadian Agents: The J. A. Carveth Co., Toronto. 1902.

We are pleased to find that in the second edition of the American Text-Book of Obstetrics, the book has been presented in two volumes. The reader has therefore a great deal more ease in handling and has not to be burdened with a book that is to some extent unwieldy and cumbersome. We think that this two volume idea is one which other publishers might adopt with advantage, if Mr. Saunders will excuse us for making so bold a suggestion. There is not a study wherein new problems are presenting themselves more or less all the time, or as frequently, as in obstetrics. Practitioners are running up against new obstacles daily, so that but a very short time serves to render a text-book on the subject more or less old and stale. The editors of the American Text-Book of Obstetrics realized this, and have to a large extent re-written their work, so as to bring it up to date and in the broadest sense abreast of the times. The part of the second edition which appealed to us perhaps more than any other, is that devoted to

obstetric emergencies, which is full to the hilt of material which might prove of value to any obstetrician at any moment. Another point we would like to allude to is the eminently practical character of the illustrations all through both volumes.

Practical Diagnosis: The use of Symptoms and Physical Signs in the Diagnosis of Disease. Fifth edition, revised and enlarged. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital: one time Clinical Professor of Diseases of Children in the University of Pennsylvania; Laureate of the Medical Society of London, of the Royal Academy of Medicine in Belgium; Author of a Text-Book of Practical Therapeutics. Illustrated with 236 engravings and 25 plates. Philadelphia and New York: Lea Brothers & Co. 1902.

It is a little over six years since Dr. Hare published the first edition of his work on Physical Diagnosis, and now, after a lapse of but that short time, it is necessary that he almost rewrite his book for the fifth time. That fact alone "speaks volumes" for his ability to present an otherwise difficult subject in a succinct clear, and scientific manner, in a manner that appeals to the busy practitioner of medicine. Dr. Hare is too well known to science to need any introduction, so, when we state that his fifth edition is in every detail complete, it may be taken for granted that no mistake can be made in the necessary expenditure for the purchase of the book. W. A. Y.

Letters from a Self-Made Merchant to His Son. By George Horace Lorimer. Toronto: William Briggs. Cloth.

The most amusing, convincing, logical and can't-quit-till-you-finish-it book of the year. Not a story, but a series of letters from a millionaire pork-packer father to his only hopeful and heir-Pierrepont. In every letter there are enough reminiscences just "mentioned in a general way" to keep a man laughing for a month. The letters cover several years of young Graham's college and business life, and many and to the point are the remarks contained therein. Just a "sentiment" or two to whet your appetite for the "hull" volume!

"Its pretty safe to bet that if a fellow needs a six or seven-syllabled word to describe his profession, he's a corn doctor when you come to look him up in the dictionary. And then you'll generally find him in the back part of the book, where they tuck away the doubtful words."

"Elder Hoover was a Methodist off the tip of the sirloin. There weren't any evasions or generalities or metaphors in his religion, the lower layers of the hereafter weren't Hades or Gehenna with

him, but just plain Hell, and mighty hot, too, you bet. He kept the fire going under the boiler night and day, and he was so blamed busy starting it that he didn't have much time to make out the golden streets. When he blew off it was superheated steam, and you could see the sinners who were in range fairly sizzle and parboil and shrivel up. There was no give in Doe; no compromises with creditors; no fire sales." W. A. Y.

The Practical Medicine Series of Year-Books, comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume I.: General Medicine, edited by Frank Billings, M.S., M.D., head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, M.D., Professor of Medicine, Chicago Clinical School. Chicago: The Year-Book Publishers, 40 Dearborn Street. October, 1902. Price of this volume, $1.50.

Volume I., as last year, is devoted to General Medicine. The paper, print, and general appearance of the book is an improvement on last year's issue. The first 190 pages treats of tuberculosis, pneumonia, diseases of the heart, pericardium and blood-vessels. 121 pages are devoted to diseases of the blood and blood-forming glands, general infectious diseases, such as bubonic plague, influenza, variola, varicella, vaccinia, septicemia, and artinomycosis. Rheumatism, acute and chronic, gout, and diabetes, receive a full share of notice. Diseases of the ductless glands, kidneys, and ostertis deformans, complete the 350 pages. We are very much pleased with this new volume, and predict for the new series an increased success. W. J. W.

Spectacles and Eye-Glasses—Their Forms, Mounting, and Proper Adjustment. By R. J. Phillips, M.D., late Adjutant Professor of Diseases of the Eye, Philadelphia Polyclinic. P. Blakiston's Son & Co., Philadelphia. Canadian Agents, Chandler & Massey Limited, Toronto and Montreal. 1902. $1.00.

The question of the proper adjustment of spectacles and eyeglasses is one that should be of more interest to the general practitioner than it is. How the general practitioner came to allow the prescribing of lenses for defective eyesight to fall into the hands of ignorant and careless jewellers and opticians has always been past understanding. But that, in this day, when the intimate relationship of the general health with the refraction of the eye is so generally recognized, the same practical indifference should exist is still less comprehensible. If the practitioner do

nothing else he may help his patients very considerably by a knowledge of how a spectacle or eye-glass should fit, and of the various ill-effects which may result from their improper adjustment. Such a knowledge may be obtained from this little book.

J. M.

Belshazzar, a Tale of the Fall of Babylon. By William Stearns Davis. Eight half-tone illustrations by De Woodward Tigler. Copp, Clark Company, Limited, Toronto.

The setting of the story is unique, being the ancient city of Babylon at the time when the Jews were held there in captivity. The Biblical characters of Daniel and Isaiah the prophets are introduced and woven into the story; the hero of which is Darius, the great Persian, and through him Cyrus, King of Persia, is led to destroy Babylon and set the Jews free. The interest is absorbing and is well kept up to the finish. Throughout the reader feels as though transported back through the centuries to the time when the history of the world was being made. In the flood of modern literature it is well to know when a really good thing is with us, and the book-lover will do well to possess himself of a copy of this most delightfully interesting romance, told in such dramatic style by a very clever writer. W. J. W.

Medical Ethics and Cognate Subjects. By James S. Sprague, M.D. Publishers: Chas. P. Sparling & Co.

If you want to while away a pleasant hour get Sprague's Medical Ethics. There is much in it that it is desirable for us to read. There are perhaps half a dozen men that we know to whom we'd like to send presentation copies suitably annotated with marginal notes. There is a feature that recently has crept into the profession to which we had hoped Sprague would refer—namely, the right or the wrong of the payment of commissions, by surgeons, specialists and others for cases sent, to the general practitioner. In our opinion this sort of thing may lead to all sorts of evils.

As a reference work for societies and for the profession in general we can heartily commend this little book.

F. N. G. S.

Typhoid Fever. By J. T. Moore, M.D., M.C.P.S., Professor of Theory and Practice of Medicine, Medical Department of Hamline University, Minneapolis, Minn. Pp. 159. Price, $1.00 net. Chicago: G. P. Engelhard & Co. 1902.

The author deserves credit for the way he has prepared this excellent monograph. He presents to us in a brief, practical volume an epitome of what is known regarding typhoid fever. No physician will read the book without being pleased with it.

A. E.

A Guide to the Practical Examination of Urine for the Use of Physicians and Students. By JAMES TYSON, M.D., Professor of Medicine in the University of Pennsylvania, and Physician to the Hospital of the University; Physician to the Philadelphia Hospital, Fellow of the College of Physicians of Philadelphia, etc. Tenth Edition. Revised and corrected. With a colored plate and wood engravings. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents, Chandler & Massey Limited, Toronto and Montreal. 1902.

Twenty-five thousand copies of this practical little hand-book have been published since it first saw light, a justly proud boast and certainly a good advance agent for this, the tenth, edition, which comes to us carefully revised, added to, and corrected, thus rendering it thoroughly modern. W. H. P.

Barbara Ladd. By CHARLES G. D. ROBERTS (author of "The Heart of the Ancient Wood," "A Sister to Evangeline," etc.). Tastefully illustrated by Frank Ver Beck. Toronto: The Copp, Clark Company, Limited. Cloth.

A charming story, full of beauty of discription, warmth of color, fragrant with the perfume of trees and flowers, queenly with the dignity of sweet old-fashioned womanhood, and dancing like a sunbeam with joyous inconsequent girlhood, conquering and convincing by the bravery and devotion in love and war of its heroes. Get this story of yesterday, send it to the dearest girl you know, it is worthy of a reading even on the purposeful New Year's Day. W. A. Y.

The Annals of Surgery.

We are glad to welcome among our exchanges the Annals of Surgery, now about to enter upon its nineteenth birthday. In the November and December numbers the question of Enlarged Prostate is dealt with in all its aspects by a series of original contributions. In the index to Surgical Progress, too, an abstract of a paper by Waldvogel appears. Others papers dealing with certain branches of abdominal surgery also are published in the December number. F. N. G. S.

Stillman Gott. By EDWIN DAY SIBLEY. Toronto: William Briggs.

A charming tale of a quiet fishing and farming settlement on the Coast of Maine, so true to life there and the humor so quaint that the litle story is quite worth reading to any who have spent an evening watching old James Herne, of beloved memory, leading in his favorite plays of "Sag Harbor," or "Shore Acres," or have spent a summer idly browsing around the interesting New England State. W. A. Y.

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Original Contributions.

CHRISTIAN SCIENCE AND MORTAL MIND.

BY JAS. H. RICHARDSON, M.D., M.R.C.S. (ENG.), TORONTO.

In one of my articles on Christian Science, published in your Journal, I expressed the opinion that the believers in "Science and Health, with Key to the Scriptures," had become incapable of reasoning, that they had, in fact, become hypnotized by poring over the contents of the book, in an endeavor to understand its meaning.

In reading to-day in the December number of *The Fortnightly Review*, an article entitled, "Christian Science and Mortal Mind," by Mrs. Stobart, I find the same opinion expressed. In the beginning of the article Mrs. Stobart characterizes the book as "a maelstrom of jumbled and chaotic thought," and afterwards says: "It is to the total eradication of the conscious mind . . . . that Christian Science devotes its forces. . . . This it seeks to accomplish by expedients, such as the denial of the very existence of the conscious mind itself, as also by the hocus-pocus of a superimposed faith in Mrs. Eddy's own inspired person, hypnotically induced, by the reading and re-reading of the tangled maze of nonsensical sophistries, sufficient in themselves to cause mental coma in her victims."

Mrs. Stobart throughout her article pours contempt upon the claim, made by Mrs. Eddy, that diseases can be, and have been in numerous cases, cured by merely reading her book, which she calls "sanitive leafage," and says this "is but a pitiable exhibition of traits which would, by Max Nordau, be described as typical of megalomania and mental degeneracy."

She ridicules Mrs. Eddy's claim to divine inspiration, as the claim of "a certain American lady, bearing the name of her third husband, having been, since her childhood, set apart by God as the sole purveyor,—on strictly commercial principles,—of divine truth upon earth," with a "monopoly so sacred that everyone daring to poach upon her spiritual preserves, without her giving consent, inculcates (*sic*) a breach of the eighth commandment."

As to the metaphysics of Christian Science, "the fit place for their discussion would not be in the pages of this Review, but within the walls of a lunatic asylum. It may even be that for the due appreciation of Christian Science metaphysics an atmosphere of mental affliction is essential, insanity indeed 'yielding'—as Mrs. Eddy ingenuously tells us,—'more naturally than most diseases to the salutary action of her truth.'"

Mrs. Stobart dismisses "Mrs. Eddy's painful metaphysics," as "consisting from beginning to end of a tissue of burlesque absurdities and self-contradictions."

As to the Christianity of Christian Science she says: "Does not the Testament assert that God was made manifest in the flesh? But, if the flesh is an illusion then . . . Christianity, as an ingredient of the new religious hotchpotch, is an illusion also."

As to the "Science" part of the book, "science without matter, on which to exercise itself, must perform illusionary functions, and we then come to the *reductio ad absurdum*, that Christian Science, since it contains all the other illusions, is of itself the greatest illusion of all."

Notwithstanding, however, this wholesale denunciation of Mrs. Eddy's "inspiration," "circular logic," "painful metaphysics," "burlesque absurdities," "grotesque assumptions," and, in fine, the *reductio ad absurdum* of the whole affair, Mrs. Stobart recognizes in it "a great psychical truth," which "Mrs. Eddy distorts through the hollow medium of Christian Science for her own purposes, in hyperbolic language adapted to the ignorant and superstitious"—this great truth being "the power of the mind over the body."

This she defines as "a sublime principle," the principle, namely, of the unconscious mind, of the power which at work unconsciously to the individual, in every living organism, throughout the scale of nature, has ever for its object the preservation, the development of the species, and has therefore, in all its processes, a tendency which is invariably of the healing and preserving order, rather than of the destructive order."

This she calls the "vis medicatrix naturæ," "the natural therapeutic agency, whose power is dimly recognized by spiritual clairvoyants from time to time." This recognition of the "vis medicatrix naturæ" is refreshing to an old man who remembers

that fifty years ago it was adopted by the most eminent of the medical profession, and who had the pleasure of reading a book on that subject, by Sir P. Duncan to the late Hon. Dr. Widmer. It fell almost into oblivion, owing to the materialistic tendencies of subsequent years, but of late has been revived through the wonderful revelations of microscopical research. Why Mrs. Stobart should designate this as the operation of the "unconscious mind" is not clear. The processes seem to be such as are entirely beyond, or outside, of mind, whether conscious or unconscious. Mrs. Stobart's contention is that "the conscious mind" needs to be reduced to "passivity," so as to "prepare the field for the undisturbed operations of the great healing agency." She even goes so far as to say that "whilst the mind that operates, unconsciously to man, possesses a healing power, which is from the human standpoint miraculous, the conscious mind of man works, on the contrary, more generally harmfully than beneficially in disease."

Mrs. Stobart quotes from various medical authors, Dr. Schofield, Dr. Clifford Allbutt, Sir B. W. Richardson, Sir Geo. Paget, Dr. Murchison, Dr. Shaw, and others, as to the effect of fear, grief, anger, excessive mental strain and mental anxiety in producing not merely functional, but organic disease of various organs, but asserts that "although it is undoubtedly the case that the conscious mind can, and frequently does exercise itself, in some cases, beneficially, it is yet much more frequently powerless or misdirected."

Mrs. Stobart seems to be in accord with Mrs. Eddy's remarkable assertion: "The less mind is manifested in matter, the better. When the unthinking lobster loses its claw, it grows again. If the science of life (*i.e.*, Christian Science) were understood, the human limb would be reproduced as readily as the lobster's claw." (Science and Health, p. 484.)

Mrs. Stobart says: "That the organizing force at work in the development of man is drifting ever more and more away from the physical outworks of his constitution, is further shown by the fact that in the scale of living organisms, it is those animals which are highest in the progressive order of evolution that are least under the influences of, and are least responsible (*sic*) to the non-material healing power, *e.g.*, the recuperative capacity shown by the snail, the spider, or the lobster, in re-growth of lost claws and antennæ as compared with man's powers of restoration of lost limbs."

This deduction is, however, based upon the assumption that the restoration of lost members in these lowly organized creatures depends upon their low nervous organization, whereas it is just as reasonable to conclude that the "vis medicatrix naturæ" thus makes special provision for the preservation of creatures with such limited nervous organization.

If it be true that low nervous organization conduces to increased capability of resisting disease, and to more unfettered exercise of the "vis medicatrix" we should expect to find the highest examples of such capability and recuperation amongst the imbecile and idiotic, which is contradicted by all experience.

If it be true that the higher man evolves mentally and spiritually, the lower he descends as to his physical organization we must give up the dream of a *mens sana in corpore sano,* and we must anticipate the monstrosity of a human being all brain and nerves, cursed with a degenerate, decrepit body, all of whose functions have become deranged, without powers of resistance to disease, or of recuperation. But is it true? Does not experience demonstrate that the highest intellectual development is compatable with the most perfect physical organization and health? Is it not true that as man has risen higher and higher, human life has increased in value? Is it true that the high-bred are more susceptible to disease and less able to counteract it, than the ignorant and uncultivated? No doubt it is true that the habits of life, unrestrained indulgence, undue excitement, excessive mental study, the frenzied struggle of modern life, have multiplied physical derangements, especially of the neurotic class, but simply because they have been indulged in contrary to the dictates of reason and science. As man progresses towards the sound mind he will more and more eschew these baneful habits, and he will more and more pursue those which conduce to physical and mental health.

Mrs. Stobart's suggestion that the conscious mind must be reduced to a condition of "passivity" in order that the "operations of the great healing agency may be undisturbed, seems to be at variance with her own explanation of the good results of "objective treatment by every quack, and in forms of subjective treatment by every faith-healer since the world began." This has been done, she says, "by a reduction of the mind to a condition, in which, by means of trust and faith in an outside power, all conscious activity is eradicated, and the wonder-working of the natural healing agency is allowed full sway."

Is this condition of "trust and faith" one of "passivity"? Are not they manifestations of supreme consciousness, of mental activity? The trust and faith may be placed on an absolutely inert something or nothing—on a tinker who undertakes to cure diphtheria by merely repeating the Lord's prayer, for a consideration, or the "sanitive pages" of Mrs. Eddy's ridiculous book, or in a healer who professes to argue silently, not audibly, that there is no such thing as the disease he undertakes to cure; but far from inducing "passivity," in every case an active, earnest, belief and a confiding hope of benefit, produce a good result in cases which can be benefited by such a condition of mind.

"Faith and trust" do undoubtedly aid the "vis medicatrix," but let it be faith in an all-merciful Father, who pitieth His children, and trust in a physician and surgeon who has studied the causes and conditions and results of disease, who knows how to apply the agencies which the Almighty has provided in profusion, and scientific investigation has shown to possess, wondrous influence on all the organs and structures of the body. Such a faith and such a trust will soothe and not only aid the natural healing power, but also increase the action of remedial measures. All other faith is founded on quackery and superstition.

Faith in God, and prayer to God, are expressly forbidden by Mrs. Eddy. They and Christian Science, she says, are "at opposite poles."

Since writing the above my attention has been directed to a paper by Dr. Beattie Crozier,* in the same number of the *Fortnightly* which contains Mrs. Stobart's, in which he attributes the psychological condition of Christian Scientists to "a species of self-hypnotism, which produces the effects which have given the cult its vogue."

This "self-hypnotism" is induced "by means of a series of regulated repetitions, by the constant iteration of certain thoughts and phrases," "by concentrating the attention, and silently repeating that God is good, and that there is no evil, and that pain has no *real* existence." Through this "self-hypnotism" there results a certain "happiness, serenity, sense of security," and the "relief of those functional disorders of the body which can be reached through the agency of the nervous system."

Dr. Crozier not only terms these as "abnormal" states, but considers them "as much abnormalities and excesses as the nitrous oxide exaltation, alcoholic intoxication, or opium eating."

His conclusion is thus expressed: "These mental conditions, however produced, whether by mesmerism, or hypnotism, or drugs, or by mental repetition and the concentration of attention, as in Christian Science, and the practices of the Yogis, or by emotional disturbances . . . are fatal to perfect sanity, when the mind has to deal with all sides of nature, and to be equipped for all sides of life."

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*Of London, Eng. M.D. and Honorary LL.D. of Toronto University. Author of "History of Intellectual Development."

JAMAICA AS A WINTER RESORT—WHERE TO STAY AND HOW TO GET THERE.

The Canadian winter can be best distinguished as brilliant; with special characteristics of its own, which to be known, must be experienced. It is not a sombre season; though the three prevailing colors are the grey, black and white of sky, forest and field. These in their shades and combinations lend to the snow-months an endless charm and variety, which seem, unfortunately, to have escaped the imagination of the laity as well as the skill of the artist. A few have even gone so far as to repudiate, or at least to ignore, the winter of Canada altogether; but to the lover of outdoor pastimes it is still very real; and to the physician it is a factor that has been gratefully reckoned with. It is tonic in its effect. It is bracing, renovating, inspiring. The breeze has liquid and invisible iron in solution. The air shines and glitters like champagne. The day is iridiscent. The night, with its northern stars, a glory. It is a place to rear conquerors. Finally, it is strenuous, and appeals to the period of youth when the blood is most brisk. But there is somewhat of a strain nevertheless; and the debilitated may find themselves unequal to it. The broken and the infirm may dread it.

There comes a time when one fails to react; when the north wind chills, but ceases to invigorate; when the blood is thin, and the blanket of snow no longer causes the heart to leap up. Indeed, there are many cases where discretion is the better part of valor; and while it is often a great mistake to drag a patient away from his home and its comforts and familiar faces, there are times when it is a crime to leave him there. In health the exhilarating pleasures of the Canadian winter act as a stimulant, but in the feeble this stimulant is often contra-indicated. Also in neurasthenia, in all its protean forms, a warm and sedative climate is greatly to be desired, and the winter must be escaped at all hazards. A warm climate soothes and rests. It does not directly build up; but indirectly it prepares the constitution for this. There are few physicians who have not among their patients a dozen or more who would be infinitely benefited by a three months' rest during the rigors of the northern winter in the far South. But the South has its dangers also. Though scores of the aged die every winter in the North from maladies due to the cold, the South, on the other hand, has its malaria and yellow fever. Furthermore, many southern resorts cost a fortune to reach, and the revenues of a principality to remain at. In fact, the choice of a suitable winter resort in the South is not easy. Practical therapeutics cannot ignore the southern winter. To many hundred residents of the snowy zone, perhaps to

many thousands, the far South means life this coming winter. To many other thousands, who stand not in actual peril, it means health and rejuvenescence. Ponce de Leon sought these last in Florida, and he no doubt did well, but he who turns his face to Jamaica does better. Florida is low, and is called the land of flowers for unknown reasons. The Bermudas are also low, and the Bahamas. But Jamaica is a lofty group of mountains, towering in air more than a mile above the level of the sea. The Alpine is here blended with the soft Sicilian. The scenery is beautiful beyond all description. There is loveliness in the detail, majesty in the large.

The life in Jamaica is full of interest, and the living is within the means of those in moderate circumstances. The hotel charges are less than in Canada, only in one or two cases exceeding two dollars a day, while board may be had in private houses for one pound ten a week. As pointed out by the present writer in an article on the "Winter Climate of Jamaica," which appeared in this Journal two years ago; the island enjoys a marked immunity from many of the tropical diseases which render neighboring points undesirable as a winter residence. Yellow fever is entirely absent, and malaria is only contracted in a few regions, to which there is no call for anyone to go. The Hotel Titchfield, at Port Antonio, is conducted in the American fashion, and considering the service, is very moderate in charge. It is the only American hotel on the island, and will afford an agreeable stepping-stone for strangers who might not over-readily adapt themselves to life *a la Creole,* with which they will be met everywhere else. The sea-bathing here is a constant source of pleasure, and the northerner learns for the first time what sea-bathing really means. The water is as clear as an emerald, about the same temperature as the body, amazingly buoyant and medicinal in its effects, much as a mineral water bath. The roads along the coast and through the mountain valleys are of the best, and driving is a cheap and unfailing recreation. Moreover, though the climate is tropical, it cannot be called hot. The nights are cool and grateful. At noonday the thermometer seldom rises above 76. It is the lack of extremes in temperature that soothes and benefits the system. The life in a coast or mountain city is not exciting, yet the variety of wholesome recreation prevents the time from ever being dull or tedious and hanging on one's hands. At the Titchfield, which is one of the best hotels in the West Indies, all the comforts of the North are to be obtained, and when to these are added the immense variety of native luxuries, it is no wonder that the failing appetite is renewed when other means have failed. After all is said, the ability to eat a good dinner, and to sleep well

upon it is one of the best criterions of health. That be what it may, one carries away with him, after a visit to Jamaica, a sense of freshness which remains for a year afterward. From the Titchfield Hotel many excursions may be made to historical landmarks of great interest in the neighborhood.

The island of Jamaica is law-abiding, and quite free from the political tumults which disquiet most of the neighboring islands. The natives are quaint and interesting. Among the upper classes of society there is an air of old world refinement and culture. Kingston, the capital, is larger than Port Antonio, and is one of the most interesting cities in the West Indies. Here there are two excellent hotels, the Myrtle Bank, on the harbor, where it is constantly fanned by the breeze from the Caribbean Sea, and the Constant Spring Hotel, a few miles back in the mountains. Both are equipped with every modern improvement, and are very reasonable in charge. The city has a good system of electric cars, and the cab tariff will amaze residents of northern cities, sixpence being the rate for short drives and longer in proportion. The Jamaica Government Railway runs from one end of the island to the other, and is efficient in every respect, with penny mileage. As the route lies through some of the most beautiful scenery in the world, it goes without the saying that no visitor to the island should go away without availing himself of the opportunity to explore the island. A stay at Montego Bay, the western terminus of the railway, will also amply repay one. This ancient city of the Spaniards abounds in historical reminiscences, and it has been very aptly compared to Naples. The chief mountain resorts are all easily accessible from the Jamaica Railway. Mandeville is the nearest of these. It is in the heart of the mountains, and is surrounded by famous coffee plantations. There is an excellent hotel here under the management of Mr. Lindo, and the region is healthful in the extreme. The Santa Cruz mountains are also reached from the railway, and here also there are two well-kept hotels, that of Mr. Ambrose Lawrence, and that of Mr. Isaacs. Lastly, there is Moneague, a few miles from Mount Diablo, and at the Moneague Hotel excellent accommodation can be obtained. The world-famous Fern Gully is in the vicinity. The scenery about these resorts is very beautiful, and in some places the view approaches to the sublime. To Mandeville, Santa Cruz and Moneague might also be added Montpellier, in the mountains that overlook Montego Bay. The hotel at Montpellier is excellent, having been originally built by an English nobleman as a winter-home for the entertainment of his guests. By way of a last word, let it be understood as regards the hotels enumerated, none of these are "cheap" in the American sense, but compared with hotels of the same standard in America, their charges are cer-

tainly very reasonable. The places have been mentioned by name for the convenience of those contemplating a winter in Jamaica, and it may be added that the information given is not hearsay, but the result of personal knowledge of the places referred to.

In going to Jamaica one will be surprised at the comparatively small cost of the journey, as well as the shortness of the voyage. Going by rail to Baltimore one is there able to catch every Wednesday morning either the steamship *Brookline* or *Barnstable,* of the United Fruit Company's fleet, which make the voyage in a little over four days. By this route the traveller escapes much of the rough weather encountered in sailing from the northern ports, and each day the air will be found a little milder in a passage due south. On the second or third day the winter atmosphere has changed to the eternal summer of the South, and when one lands at Port Antonio, though the calendar may say that it is January, the thermometer declares the soft and balmy warmth of June, and the wraps and furs worn at setting out are put off for summer clothing. Though the fare is only thirty-five dollars, these steamers are, in the matter of accommodation, quite up to the standard of the great trans-Atlantic lines.

It has lately become a catchword in some of the States, owing to the pressure of competition in commercial matters, to always "patronize home industries," no matter how bad. Surely this philosophy ought also to hold, no matter how good, and if patriotism of this practical sort is to have any part in the question of a winter health resort, it is suggested that the Canadian health-seeker can scarce do better than spend his winter (and his money) under the British flag. The foundations of empire are often strengthened by apparently trivial circumstances, and no Canadian will ever regret making the acquaintance of this noble sister Colony which was in her golden prime a century before axe had fallen in the timbered solitudes beyond the Great Lakes. The English blood and the English faith have lost none of their virility where the tamarind grows and the cinnamon tree casts its shade; none of its sincerity where the jasmine exhales its intoxicating incense upon the night. E. H. S.

ONE OF THE TROUBLES OF CIVILIZED MAN.

BY HELEN MACMURCHY, M.D., TORONTO.

Whether patients mention it or not when consulting a physician, they almost all suffer more or less from constipation. "Constipation is one of the troubles that afflict civilized man. It cannot be called a disease; it is really more a natural condition of the bowels, which have not yet been accustomed in the process of evolution to the altered circumstances of life."*

It is convenient to have definite directions printed or typewritten for patients, concerning—

I. Diet.
II. Daily Exercise and Fresh Air.
III. Drinking Water.
IV. Daily Habits.

I. *Diet.*—At every meal the patient should eat one or more of the following articles of diet, giving them the preference, but taking meat at least once a day:

1. Fruit, especially fresh fruits and those containing small seeds, as figs, strawberries, etc.; grapes, raisins, apples, pears, peaches, raspberries, currants, cherries, prunes, oranges, olives, bananas, grape-fruit, etc.

2. Vegetables, especially those containing some indigestible fibre or other residue, as green vegetables, salads, potatoes, tomatoes, parsnips, onions, celery, carrots, turnips, etc.

3. Honey, syrup, treacle, jam, etc., anything containing sugar.

4. Any food containing common salt, neutral salts of vegetable acids, etc., such as herring, sardines, smoked fish, smoked ham or bacon, and food prepared from fruits, as marmalade, etc.

5. Any food containing fat, as butter, salad-dressing, cream, meat with fat, etc.

6. Whole wheat bread, brown bread, graham bread, gingerbread, digestive biscuits, etc—any bread containing some of the outside husk of the wheat.

7. Any food containing lactic acid, butyric acid, or other organic acids, such as buttermilk, sour milk, koumiss, kefir, etc.

8. Any food containing a solid residue, as porridge made from oatmeal, cornmeal, cracked wheat, rolled oats, etc.; oatcake and corncake.

9. Legs and wings of fowls, fish with skin, etc.

"Skins and bones,
Strings and stones."

10. Beef-tea, broths, soups, etc.

II. *Daily Exercise and Fresh Air.*—The general health and

*Sir T. Lauder-Brunton, M.D., F.R.S., "The Action of Medicines."

muscular tone of the body have much to do with the condition of the intestines. Unless the general muscular tone is fairly good, we cannot avoid constipation. So the patient must take some suitable exercise daily, such as walking, riding, golfing, skating, bicycling, swinging clubs, fencing, playing tennis, football, basket-ball, etc., and go out in the open air for at least one hour every day.

III. *Drinking Water.*—A glass of water or lemonade, either hot or cold, should be taken about an hour or so before each meal, and also before retiring. Few patients drink enough water.

IV. *Daily Habits.*—A regular daily habit of relieving the bowels at a definite hour by the clock is essential. Time must be secured for this purpose and the patient must not be hurried. On no account allow this to be omitted. The feet should be supported, or braced against something. Sometimes adopting the crouching or squatting posture, instead of the sitting posture, while attempting to relieve the bowels will cure constipation. The patient must not strain.

Mineral waters are useful. A wine-glass of Hunyadi Janos, Apenta, or other mineral water, diluted with an equal quantity of boiling water and slowly sipped while dressing in the morning is often effectual.

Massage of the abdomen facilitates the passage of fluid through the pyloric orifice. Deep massage of the abdomen for ten minutes every day for a month, and then every two or three days for two months is often of service.

The "Neptune's Girdle," or local cold water abdominal pack, taken for ten to twenty minutes on retiring for the night may also be tried.

Many patients like the following plan: Stew 1½ ounces of senna with 1 pint of water, sugar, and prunes enough for the water to cover. Lift out the prunes, put them in a jar, strain the juice, and pour it over the prunes. Eat two or three prunes with two or three tablespoonfuls of the juice at breakfast, or after each meal if necessary. The best prunes, which are sold in bottles, should be used.

The ether douche* has recently been recommended. A fine stream of ether is allowed to play upon the abdominal wall once or twice a day for five minutes. A Richardson apparatus is employed and 100ccs. sulphuric ether are used for each application. One or two applications are said to have cured chronic cases. Glycerine suppositories or suppositories containing aloin are convenient and satisfactory, and are worth trying before having recourse to enemata or the continued use of laxatives administered by the mouth.

*I. Boas, M.D., of Berlin. International Clinics, Vol. I., Series XII.

ADVICE THAT KILLED—PHYSICIANS' FIRESIDE TALK.

BY ERNEST A. HALL, M.D., VICTORIA, B.C.
Surgeon-in-Chief to "Burrard Sanitarium," Vancouver.

It is wise to occasionally cast a retrospect of our professional life and personally act as our own censors. Few of us there will be who will be unable to uncover defects of both omission and commission, and he is unwise who does not make such deficiencies the stepping-stones to higher degrees of accuracy and greater proficiency. When in the recent campaign a general who had met with reverses was accused of making mistakes, his superior officer, with a knowledge of human nature deeper than that of the accusers, said: "A man who does not make mistakes never makes anything." The most exalted of intentions, the determination to give our best in service, the determination to accomplish the highest ideal, must at times meet with discouragement and defeat. In the recognition of our weakness lies the pathway and the stimulus to greater accuracy and the hope of future excellence. Let us then, who seek higher ideals in professional life, take time to calmly criticize ourselves, to humbly and sincerely investigate our own acts and determine whether or not we have to our own selves been true, for in this lies the secret of all true relationships.

In this connection I am reminded of the premature death of a young friend of unusually bright prospects, in whom I had taken an interest in the direction of his medical studies. Before leaving to prosecute his studies in a distant city, he asked my advice regarding the advisability of having his appendix removed, as he had some months previously a slight attack of pain, with tenderness in that region, which laid him aside only for one day. As he was to be closely associated with surgeons of international reputation I advised against immediate operation and told him to await the next attack, and then have it removed at once. Acting upon my advice, he commenced his studies; all went well for a few months, till, while taking a bath in the afternoon he was seized with a severe pain in the right side—a midnight operation, and in three days a repetition of the old story far too frequent, "—— ——— died from appendicitis this morning."

Comment is unnecessary. Had I given different advice his life might have been spared. Am I responsible for his death? I do not know, but this I do know, that since that time I have not given such advice as led this young man to postpone "till a more convenient season" the removal of that focus of danger.

We cannot be too emphatic upon that matter. A diseased

appendix is not to be tolerated. There is no moral nor surgical reason for the retention of that which at a moment's notice may cause the death of the individual. The operation between the attacks has, in the hands of qualified surgeons, been practically without mortality. Better operate upon a hundred cases unnecessarily than omit one in which such omission results in death. This vestige is nothing to be proud of. Is not nature in her efforts towards the higher evolution of the race entreating the surgeon to become one with her in the consummation of her great plan?

Another matter I wish to call attention to: the risk that an operator takes when he leaves an important surgical case in the hands of an inexperienced or incompetent attendant. A patient operated upon should remain under the surgeon's immediate care until convalescence whenever it is at all possible; if not, a thoroughly tried associate should have charge. I recall an instance in which it was impossible for me to remain in charge as the operation was performed in a distant city. It was a vaginal ovariotomy with dense adhesions, but no difficulty was experienced. Three weeks after the patient died. A glance at the chart, with the history as given by the attendant, showed distinctly a clinical picture of pelvic abscess bursting into the general peritoneal cavity with general sepsis and death in thirty-six hours. The attendant found a mass "dull and fluctuating" in the pelvis, but hesitated to evacuate the abscess, which could easily have been done through the vagina, and thus have prevented the rupture into the peritoneal cavity. But while realizing the failure to act upon the part of the attendant, I must not overlook the fact that through some fault (probably mine) the wound became infected.

Let me repeat that a few moments of self-examination each day might find a place in the development of even the busiest of practitioners.

Appendicitis Insurance.—It is an old axiom that everything can be insured at Lloyd's. Last spring that famous firm made a large amount by insuring against small-pox at the low rate of half a crown per cent. Now the prevalence of appendicitis has suggested to one of the most prominent firms in Lloyd's that the public might like to insure against it. For a premium of 5s. the assured, if he has to undergo an operation for appendicitis, will have all his direct expenses paid up to £200, and in the event of his death under or from the operation a total sum of £200 will be paid. Though the idea has only just been mooted, a large number of people have already availed themselves of this insurance. The premium, it will be noted, is the same percentage as was charged for smallpox. Age does not stale the infinite variety of Lloyd's.

Selected Articles.

LINNÆUS AS A PHYSICIAN.*

LUDVIG HEKTOEN, M.D. CHICAGO.

Introduction.

Among the physician-scientists who achieved their greatest renown in some department of learning other than medicine Carl von Linne, better known as Carolus Linnæus, must be placed in the front rank. This great naturalist made for himself a permanent name in medicine also, but the extent and significance of his work and interest in medicine seem to have been more or less overshadowed by the fundamental importance of his work in natural science, especially botany.

The principal sources of the information in this article have been Richard Pulteney's excellent work on the writings of Linnæus,† in which the medical writings also are fully considered, and Hjelt's special work concerning Linnæus as a physician,‡ based upon personal study of the writings and correspondence of Linnæus and of the records in the archives of the University of Upsala. Both these books appear to give altogether thorough and sympathetic reviews of Linnæus' medical activity in its various aspects as teacher, investigator and writer.

Outline of the Career of Linnæus.

Born in 1707, Carl von Linne was destined by his father for holy orders, but showed such distaste for scholastic studies and such desires to ramble in search of plants and flowers that his father was urged to apprentice him to a tailor or shoemaker. Through the kind efforts of a physician Linnæus was encouraged in his study of plants and of physiology, and eventually admitted to the University of Lund with a testimonial of the following dubious import: "Youth at school might be compared to shrubs in a garden which may disappoint the gardener, but if transplanted

*Read before the Scandinavian Medical Society of Chicago, May 29, 1902.

†Richard Pulteney, M.D., F.R.S., "A General View of the Writings of Linnæus." Second edition, with corrections, considerable additions and memoir of the author by William George Maton, M.D., etc. London, 1805. With translation of Linnæus' diary.

‡Otto E. A. Hjelt, Carl von Linné som Läkare och hans Betydelse för den medicinska Vetenskapen i Sverige. Helsingfors, 1877.

into different soil they may prosper." It was hoped that in the university the conditions might be more propitious for his progress.

As a student Linnæus assisted in private practice. At that time there was no real clinical instruction in Sweden, and it was customary for the young men to work under preceptors ("freqventera sjukstugan och lara av den svidandes egna mun"). When Linnæus came to Upsala in 1729 the medical faculty consisted of two professors and one adjunct. One professor taught pathology, dietetics, surgery, pharmacy; the other physic, chemistry, anatomy, physiology and botany, each constituting by himself a whole faculty. Olaf Rudbeck, the older, celebrated for his discoveries in the lymphatic system, had founded a botanic garden, but his successor, his son (1660-1740), though a good botanist, neglected botany for comparative philology and antiquarianism. In 1730 Linnæus had advanced so far in the esteem of his teachers that he was given a stipend and began to lecture on botany, with such success that intrigues were started against him and his docentship taken away. Advised by friends, Linnæus went to Harderwick, in Holland, where he obtained his degree in 1735, the title of his dissertation being "Hypothesis nova de febrium intermittentium causa." This thesis was founded principally on observations made in Sweden, where it probably was written. He sought, and after waiting eight days, gained admission to the great Boerhaave, then near the end of his illustrious career, but who helped him much in his botanical studies. At that time botany flourished in Holland, Boerhaave himself being a botanist, and Linnæus' love for botany kept him away from home and his future wife for three years longer. The work he did during this time exercised vast influence on the development of botany, being in reality the starting point of systematic botanical science.

He early became conspicuous in Holland and secured the regard of all that cultivated any branch of medical science, among them being Van Swieten and Lieberkuhn. Linnæus reaped the greatest benefit from his close relationship with the illustrious Boerhaave, who showed the young Swedish scientist marked friendship and confidence. The following extract from Linnæus' diary—a curious and interesting document—describes their last meeting: "Before the time of Linnæus intending to leave Leyden, Boerhaave had been attacked with hydrops thoracis, and consequently with great difficulty of respiration; he had, therefore, given orders that no person should be admitted to see or speak to him, for he could not lie down in his bed, but was obliged constantly to sit up. Linnæus was the only person in whose favor exception was made, that he might see him and kiss the hand of his great instructor, to bid him a sorrowful adieu. The venerable

invalid had still strength enough left to stretch out his hand, and (putting it to his lips and kissing it in return) to say: 'I have lived my time out, and my days are at an end. I have done everything that was in my power. May God protect thee, with whom this duty remains. What the world required of me it has got, but from thee it expects much more. Farewell, my dear Linnæus!' Tears prevented him from saying more, and, on Linnæus' return to his lodgings, he sent him an elegant copy of his Chemistry." And surely Linnæus may be placed by the side of Haller, Van Swieten, De Haen and others as a worthy pupil of a great master.

Greatly honored throughout Europe for his work in botany, so that Sauvages wrote, "the whole botanical world obeys you forever," and having received flattering offers to remain in Holland, and also from Oxford and Paris, Linnæus, in 1738, returned to Sweden and settled in Stockholm, where, after a desolate period of waiting for patients, he achieved his first success through treatment of gonorrhea. Always afterward he showed much interest in the treatment of gonorrhea and syphilis. He became naval physician and utilized his opportunities to study diseases and the actions of drugs. He also secured permission to make post-mortems, heretofore but rarely granted, and Hjelt states that from this time the interest in pathologic anatomy increased in Sweden. In 1739 he married the choice of his heart after an engagement of several years; his practice increased rapidly, but he felt himself irresistibly drawn toward botany and natural science. He was offered a professorship in Gottingen, but in May, 1741, he received appointment as professor in Upsala in spite of a hot fight against him: the following year an adjustment with his colleague, Rosen, gave Linnæus botany and the botanical gardens, and for the succeeding thirty-six years the great botanist was continuously interested more or less in medical problems.

Thenceforward his life was a continuous course of prosperity. He was greatly honored. Botany occupied his special attention in spring and summer; in the autumn and winter months he gave the more purely medical lectures. He gathered about him a larger circle of students and listeners than any one either before or after him has done; the number of students in the university rose from five hundred to fifteen hundred, and he "shifted the scientific centre of gravity to a small town in Sweden." Students flocked to hear him from Finland, Norway, Denmark, Germany, Russia, England, and even from America. Adam Kuhn, of Philadelphia, spent the years 1763-1765 in Upsala as student under Linnæus, who regarded him with special favor. Kuhn, in 1768, became the professor of materia medica and botany in the College of Philadelphia, where he gave lectures on materia medica for twenty-one years. When the College of Philadelphia, in 1791, united with

the University of the State of Pennsylvania to form the University of Pennsylvania, Dr. Kuhn became professor of theory and practice of medicine, continuing as such for six years.

As a general result of Linnæus' influence, the study of the natural sciences received a mighty stimulus in the universities where logical disputations and metaphysical speculations too long had prevailed to the exclusion of science. The culture of natural science in Sweden was carried to a higher standard than elsewhere in Europe, but his pupils rapidly extended the doctrines and celebrity of their master, and before long numerous public institutions were established elsewhere also for the express cultivation of natural sciences. Linnæus emphasized eloquently the relations and importance of the study of natural history to the welfare of the people, and was ever striving to enlist the interests of the great in behalf of this study and to draw the youth of the land into its paths. In this respect there is great similarity between Linnæus and Pasteur; for Pasteur was irresistibly drawn toward scientific problems connected with industries of large economic importance. Linnæus found special delight in the study of natural science, which he regarded as "one of the richest and most permanent sources of pleasure which the kindness of Providence has opened to the human mind." In his labor to arrange anew the history of the productions of nature "he found biology a chaos and left it a cosmos."

Linnæus' Relations to Medicine in General.

Linnæus was deeply interested in the development of medicine in all its phases. He urged its establishment upon a rational basis of theory and observation. Exact observations of nature and logical grouping of the results are essential for progress, philosophical theory being the key to the explanation of practical observations, which in turn test the theory. While empirical medicine employs curative methods, the mode of action of which it can not explain, rational medicine endeavors to discover the laws, mechanical and otherwise, that govern structure and function, and to re-establish the conditions that are disturbed by disease. Weak hypotheses and prejudiced notions retard medicine as well as other sciences; if medicine is to develop, it, like other sciences, must employ experimental methods. He recognized and expressed clearly that rational medicine to a large extent is the result of coordination of anatomic, physiologic, botanic, chemical and mechanical truths. Hospitals and botanic gardens are necessary for the study of the nature and treatment of diseases. In fatal cases the internal organs should be examined in the end that the causes of disease may be understood and perhaps prevented or modified. He suggests that in many diseases the arrest of

increased activity of the morbific cause may be all that can be attained.

Linnæus' interest in the methods of medical education proved of great importance to the study of medicine in Sweden. The course of instruction in the University of Upsala was modified and improved; the requirements for final examinations were raised and their character materially improved. Practical and public examinations in the hospital were introduced. Linnæus' lectures were characterized by clearness, conciseness, ingenuity of classification and direct bearing on practice, and the attendance became very large. Botany was not permitted to crowd out his interest in practical medicine in the widest sense. He wrote popular articles of medical nature, furnished material for almanacs and did much to disseminate useful advice and information. He aided veterinary medicine and helped it to secure recognition in his country. His writings in regard to alcohol unquestionably had some influence in checking the abuse of this substance. It was Linnæus' greatest pleasure to teach the results of his observations and to spread knowledge broadcast. Instruction was his most enjoyable occupation, and he regarded the creation of desire for and pleasure in study as the most important duty of university teachers. He did not hesitate to become the popular exponent of scientific observations, and as such we know he was instructive and inspiring.

The Medical Philosophy of Linnæus and His Principal Medical Writings.

An interesting phase of Linnæus' work is the extensive correspondence he carried on with learned men and other persons all over the world. Perhaps the most noteworthy correspondence is that with Francois Boissier de la Croix Sauvages (1706-1767), professor in the medical school of Montpellier; between these two there was carried on a constant and frequent epistolatory exchange of ideas and observations without personal acquaintance. After Boerhaave, Sauvages undoubtedly exercised the greatest influence upon Linnæus' relation to and interest in medicine. Sauvages in 1731 published a work entitled "Nouvelles Classes des Maladies," which became Linnæus' guide in his lectures on nosology. In this work Sauvages, who also had a first love for botany, made the first attempt to arrange diseases into classes and species as recommended by Sydenham and Baglivi for medicine. The system and order in Sauvages' work at once appealed to Linnæus, in whom arrangement was a passion and classification a delight. Later, when Sauvages in 1760 published his great work entitled "Nosologia methodica sistens morborum classes juxta Sydenhami mentem et botanicorum ordinem," Linnæus at once introduced it as a text-book for his students. And Linnæus follows

Sauvages closely* in his own work on "Genera Morborum" (1763), in which the diseases are classified into orders, classes and species. The system is largely symptomatologic. Acute inflammations are referred to fevers and divided into membranous and parenchymatous. Especially the group of Morbi dolorosi contains many single symptoms listed as distinct diseases. The group of Deformes and Vitia which comprise cutaneous affections and tumors, etc., represent definite anatomic forms. Naturally the system corresponds closely with the views prevalent among medical men at that time. There was then no real knowledge of the finer structure of the human body, the relation of diseases to anatomic changes were not understood thoroughly, symptomatology was the phase most actively investigated, and a large fund of therapeutic experience had been gathered. Morgagni's fundamental work in special pathologic anatomy, "De sedibus et causis morborum," did not appear until 1762. While Linnæus clearly recognized the importance of pathologic anatomy—he himself made post-mortems while in Stockholm, and he subsequently urged their importance—yet his notions of general pathology were governed largely by his views concerning the action and nature of drugs.

MORBI.

- Febriles (e sanguine in medullam)
  - Exantematici.
  - Critici.
  - Phlogistici.
- Temperati
  - Nervini
    - Sensationis — Dolorosi.
    - Judicii — Mentales.
    - Motus
      - Quietales.
      - Motorii.
  - Fluidi — Secretionis
    - Suppressorii.
    - Evacuatorii.
  - Solidi
    - Interni — Deformes.
    - Externi — Vitia.

Exanthematicii	Febris cum efflorescentia cutis maculata.
Critici	Febris cum urinae hypostasi lateritia.
Phlogistici	Febris cum pulso duro, dolore topico.
Dolorosi	Doloris sensatio.
Mentales	Judicii aberratio.
Quietales	Motus involuntarius.
Motorii	Motos abolitio.
Suppressorii	Meatum impeditio.
Evacuatorii	Fluidorum evacuatio.
Deformes	Solidorum facies mutata.
Vitia	Externa palpabilia.

Linnæus' philosophy of disease is based on the fundamental conception that the human body consists of cortical and medullary (nervous) substances; it is like a woven cloth of double threads, the nerves constituting the warp and enclosing various fibres

*Linnæus has 11 classes, 37 orders, 325 species. Sauvages, 10 classes, 44 orders, 314 species

and fluids, the weft. The medullary substance is of maternal origin and it is the first formed. Further, it is the seat of feeling and motion and the fluid and solid parts arise under its influence. The medullary part in turn is nourished by the finest materials in the cortical parts and by electricity taken in through the lungs from the air. Now, it is disturbance in the normal relations of these parts that cause disease. In fevers, for instance, the fluid cortical part is profoundly altered by acidifying (ab acido seri sanguinis) or decomposing substances that enter the body (a putrido cruoris sanguinis), the fever being critical in the first place and phlogistic in the second. Exanthematous fevers, on the other hand, perhaps depended on living contagium (ab exanthematibus vivis contagiosis). Every inflammation is accompanied by pain because the fibres are stretched to the point of breaking. In order to cure disease the condition of the fluid or solid parts must be changed to the opposite of that under which disease developed. Now, the power of medicines to produce such alterations may be recognized by their taste and smell, and the most important are obtained from plants of opposite smell and taste (sapida and olida). This theory of contraries is the leading thought of all of Linnæus' medical writings, and it constitutes the basis for his classification of materia medica. As seen from the subjacent table, he conceived that there were five kinds of taste and smell, each with its contrary, corresponding to five different pathologic conditions in the two constituent parts of the body. "Linne was the first who saw that nature is balanced by contraries, and acted upon numero quinario." He held smell to be due to motion in the nerves. The idea that the nervous system is distinct and separate from the rest of the body seems to have become necessary in order to arrange medicines in certain large groups because the odoriferous and volatile substances appeared to act directly upon the brain and nerves.

I. SAPIDA.

Agunt in corticale vitale :

	In Fluida.		In Solida.
1. Aquosa	Mundificantia, Absorbentia,	Humectantia, Exsicantia.	Sicca
2. Acida	Rifrigerantia, Balsamica,	Attenuantia, Tonica,	Amara.
3. Dulcia	Edulcorantia, Incidentia,	Impinguntia, Corrodentia,	Acria.
4. Viscosa	Inviscantia, Penetrantia,	Lubricantia, Abstergentia,	Salsa.
5. Pinguia	Obtundentia, Inspissantia,	Emollientia, Adstringentia,	Stiptica.

II. OLIDA.

Agunt in medullare animatum :

Sensum	Excitant	Aromatica	Sopiunt	Virosa
Motum	Spasticant	Argastica	Evacuant	Nauseosa
Judicium	Acuunt	Spirituosa	Confundunt	Tetra
Libidinem	Provocant	Ambrosiaca	Suffocant	Airsina

Linnæus' pathology appears to be a compromise between the iatrochemic school—which taught that health depended upon the proper chemical relations of the fluids of the body—and iatromechanic or iatromathematic school—which explained disease according to the laws of mechanics and mathematics applied to the human body. While distinctly influenced by Boerhaave's fibrillar pathology, which sought explanations for disease in the tension and relaxation of fibres (fibrum strictum et laxum), which are constituent parts of the body, Linnæus carried this idea much further into details and sought also for corresponding conditions in the fluids. Accordingly, the fibres may be not merely tense or lax, but (*a*) moist, dry; (*b*) friable, tough; (*c*) fat, slender; (*d*) thick, thin; (*e*) flexible, stiff. As more or less corresponding conditions in the humors, including the blood, which are the real sources of solid fibres, he enumerates: (*a*) thin, thick; (*b*) acid, phlogistic; (*c*) oily, acrid; (*d*) plethoric, deficient; (*e*) glutinous, muriatic. The inter-relations between the fibres and the fluids are well expressed in the following sentence: "Qualis chylus, talis sanguis, qualis sanguis, tales fibræ, quales fibræ, tales oriuntur morbi." A fundamental idea seems to have been that equilibrium in nature depends on a constant struggle between opposites. "The human body may be considered as a balance, and when it equilibrates we feel well, but so soon as any overweight appears on either side, then we are sick." His principle of "contrariorum e contrarius curatio" is a further therapeutic application of this theory.

Materia medica was Linnæus' favorite branch in medicine. This naturally was due to the close relationship between pharmacology and botany. In those days botanists generally made incursions into medicine, and it undoubtedly was a source of much satisfaction to Linnæus that he could blend with his teaching of botany the practical part arising out of it, namely, materia medica. We know that he strove hard to introduce indigenous drugs into materia medica and to establish the cultivation of medicinal and other useful plants. He published a highly estimated Materia Medica (1749), which appeared in several editions in Germany. This work is regarded as his most important. The great A. von Haller calls it "commodissimum prælectionibus compendium, inter optima auctoris," and Gronovius and Royen added their compliments. For a long time it remained as a model for other authors. The pharmaceutical plants were arranged according to his botanical system and a careful description given of those drugs used in medicine with a brief statement of their therapeutic value. He endeavored to include only useful drugs and warned strongly against complex formulæ. The empirical classification was abandoned in favor of one based on the general theory that "sapida in fibras, olida in nervos agunt." The chief

merit of the work is that by bringing some degree of order and system into this branch he laid the foundation for the scientific study and development of materia medica. He was instrumental in introducing into medicine quassia, solanum, dulcamara, and many other substances. Hjelt lays much stress upon Linnæus' effort to establish the nature of poisons which, he urged, give us the best medicines if rightly used.

Another noteworthy book is his "Clavis Medicinæ," which contains his fundamental pathologico-therapeutic theories in the most concentrated form. Perhaps this is the most remarkable of all his works because it is a definite attempt to construct a comprehensive medical doctrine upon the basis of certain theoretical conceptions. It certainly is a striking example of Linnæus' ability to co-ordinate and arrange scientific facts of various kinds under one leading idea. Couched in a more or less aphoristic language, it makes rather difficult reading. It is dedicated to Sigfr. Albinus, Anatomico summo, Alb. von Haller, Physiologico summo, Gerardo Van Swieten, Observatori summo, Franc. de Sauvages, Pathologo summo, Nicol v. Rosenstein, Therapeutico summo.

Linnæus' Dietetics and Hygiene.

Linnæus was interested especially in dietetics and hygiene, and his lectures upon this topic were largely attended, and served to create marked professional and popular interest in hygiene, which thus got an early start in Sweden. He mentions six principal requisites for natural life, namely, fresh air, bodily movement, sleep, food, excretions and affections. He attributes hysteria and other morbid conditions among the rich to sedentary life. He explains the effects of air, exercise, etc., according to his general pathologic principles, as is further shown in this table from his "Clavis Medicinæ."

	Fluida.	Solida.		
1. Excreta	Densa,	Torrida,		
	Tenuia,	Humida,	Retenta	2.
3. Motio	Phlogistica,	Tenacia,		
	Acidula,	Tenera,	Qvis	4.
5. Vigiliæ	Acria,	Macra,		
	Oleosa,	Pinguia	Somnus	6.
7. Fames	Pauperata,	Gracilia,		
	Plethorica,	Turgida,	Cibus	8.
9. Frigus	Muriatica,	Rigidia,		
	Glutinosa,	Fluxa,	Calor.	10.

The application of his general pathologic and therapeutic theories to hygiene is illustrated further by the following statements: Atmosphere influences the body through heat and cold. Cold renders the fibres stiff and the fluids more salty, leading to crystallization and stone formation, while warmth relaxes the fibres and promotes the formation of glutinous material. The

softer the fibres the greater the viscidity, the opposite of salty. Motion makes the fluids active, the fibres tenacious, and as the fluids are distributed the parts come closely together. Rest leads to the production of acid and renders the fibres brittle. Sleep leads to fat in the solid parts and makes the fluids oily; hunger and waking makes the fibres thin and the fluids sharp, hence the best remedy for fat is waking. Excessive evacuations render the fluids thicker and fibres dry, bodily enfeeblement and emaciation resulting, while retention renders the solid parts moist and the fluids thin.

Linnæus' Etiologic Theories.

Linnæus paid especial attention to the question of etiology of disease. He regarded the cause as of fundamental significance in determining the kind of disease in a given case. Like the old physicians, he divided causes into proximal and remote, and according to his theory the proximal cause lay in changed tension of the solid parts or in altered mixture of the fluids, while the remote causes might be found in diet, age, bodily constitution, or in contagion.

Perhaps the most remarkable of Linnæus' various medical theories is the one concerning "exanthemata viva," or that contagious diseases depend upon the entrance of small living animals into the body. This assumption he regards as fully warranted, both in analogy and experience. Of such diseases he mentions scabies, epidemic dysentery (scabies intestinorum interna), pertussis, smallpox, pest; later leprosy, phthisis pulmonum and the malarial fevers were added to this category. While the small animals Linnæus had in mind had not yet been seen or described, he saw in the manner of the spread of infectious diseases a remarkable similarity to the mode of reproduction and increase of many animals, especially insects. The smaller an animal the more numerous and rapid its progeny, hence it is not difficult to conceive that some of these minute organisms by their excessively rapid multiplication may in a short time totally fill, as it were, the whole human body. As an illustration of this fact he cites the inoculation of smallpox, in which the quantity of pus used is of no import in securing the development of good pustules. That the contagious element is destroyed by cold, but multiplies in warmth is cited as another evidence of the parasitic origin of contagious diseases. Ustilago is cited as analogous to the contagious element. The drugs that destroy insects of various kinds—musk, camphor, mercurials, sulphur, etc.—were useful also in contagious diseases.

Linnæus always felt much interest in intermittent fever, which was endemic about Upsala at the time of his first arrival, and which formed the subject of his inaugural dissertation in Holland

in 1735. He himself became a sufferer from this disease at the end of his sojourn in Holland. In Sweden intermittent fever occurred in clayey districts, and Linnæus first advanced the notion that particles of clay dissolved in water entered the blood, an by arrest in the finer vessels interfered with cutaneous transportation. Later this theory of waterborne malaria was modified very much, and the disease was attributed to absorption by the skin of foul particles in the air, namely, miasms from quiescent waters, closed cellars, graves, decomposing animal and vegetable materials. Air, he urged, must contain some form of acid, because vegetable and animal tissues and fluids become sour under its influence. Now, is it not possible that intermittent fever is caused by a coagulation of the serous part of the blood under the influence of " animalcula infinite parva " in the atmosphere which carry this acidifying substance. In further support of this theory he mentions the endemic occurrence of the disease in moist places with clayey soil and foggy atmosphere; the frequency with which it affects persons living on the ground floor or in cold, foggy places; the sour sweats of malarial patients, and the fact that bitter drugs, such as cinchona, which generally diminish acidity in the body, are the most useful in malarial diseases. Consumption, he believed, was caused by the inhalation of fine particles in the air which is permeated by minute floating substances of diverse kinds; this he illustrated by referring to the frequency of " tussis calculosa " among the stone-cutters in Orsa, Dalarne. He frequently makes mention of the contagiousness of tuberculosis. As an especially efficient treatment of incipient tuberculosis horseback riding is urged.

Miscellaneous Investigations and Observations.

In 1746-47 and 1754-55 he was engaged especially in studying a peculiar disease then appearing in the southern parts of Sweden (dragsjukan). His observations were summarized as follows: The disease attacks only the lower classes, but children never; it occurs only in the autumn, and may show itself in domestic animals also; it lasts for two or three months, generally attacking several persons in the same household, but nevertheless it is not contagious. He concluded that the disease, which we now know as ergotism, is due to the use of freshly-gathered corn; and as it occurred mostly after wet summers, when weeds abounded, he assigned the real cause to the weed predominating in the fields, namely *Raphanus raphanistum* (jointed charloch or black radish), and suggested the name raphania. The disease was known under this term until the correct name arose from a more exact knowledge of its etiology.

Much of Linnæus' work is contained in dissertations by his pupils, and many of them were enlarged transcriptions of lectures.

A collection was made in a series of ten volumes,* of which seven are by Linnæus and three by Schreber and Erlangen. Pulteney gives an abstract of those by Linnæus' students.

Linnæus emphasized much the diagnostic and prognostic importance of the pulse. Actual knowledge of circulatory diseases seems to have been well advanced at that time, because we find he attributes irregular pulse to any of the following conditions: Inflammation of the heart; dilatation of its muscle; aneurisms; tumors, polypi, and abscesses of the heart; inflammation of the valves; obliteration of the pericardial cavity and other lesions of the pericardium; irregular acton of the cardiac nerves. Further, it may depend on paralysis or spasm of the vessels, inflammatory stasis, ossification of the arteries, aneurisms and polypoid concretions. Finally, the cause may be in the blood itself.

It is of much interest to note that Linnæus suggested that fibrinous polypi within the vessels may be loosened and cause death from sudden suffocation. In other words, he recognized fairly well the mechanism of pulmonary embolism.

Linnæus distinguished correctly between cerebral hemorrhage and congestion. His description of hemicrania is excellent, being himself a sufferer from this affection. In 1742 he described well a typical case of aphasia, under the title of "Failure to remember substantives, especially names" (Glomska af alla substantiva och isynnerhet namn). Matthew Bailie described aphasia first in English, and that was in 1806.

His study of the Gadfly of the reindeer—Oestrus tarandi—during a journey of scientific exploration into Lapland while still a youth, is an excellent example of power of observation and of accurate and decisive description. In the first place the fly is described accurately, as is the method of disposition of the eggs on the skin by means of the tail. Then he shows that the knats penetrate the skin at a time when the horns are in the velvet, and so soft that the pests can not be driven away, the entire series of events as well as the intricate mechanisms brought into play being ascribed to the ingenious arrangement of an all-wise Creator. Even then he studied carefully sickness among men and animals.

Rosen and Linnæus made many important observations concerning parasitic worms; among those described is Tenia solium (Linne, 1756). He taught that tenia had no head, and that it might grow *ad infinitum*.

Conclusions.

In terminating this fragmentary sketch of a small part of the work of Linnæus, it seems to me that he is fully entitled to a place among the founders of the scientific school of medicine whose ob-

*Amœnitates academicæ seu Dissertationes variæ Physicæ, Medicæ, Botanicæ, etc. G. Dubois, 1748.

ject it is to understand the nature of disease and to find and remove the causes of disease. The underlying principles, the scope and the results of his teachings and his labors entitle him to this distinction. At the same time as his predominating influence on the study of natural science in general, both directly, especially in Sweden, and indirectly advanced the scientific study of medicine, he himself and his pupils made distinct and permanent additions to our knowledge of diseases. He fully recognized and urged the importance of theoretic investigation in medicine, unprejudiced observation at the bedside, anatomical inquiry and rational therapy. Finally, he saw glimpses of great etiologic truths in regard to infectious diseases at a time when the great and populous microscopic world was indeed a "mundus invisibilis."

Appendix.

Linnæus' one foible, according to the standards of to-day, was love of fame, and this frailty is freely exposed in his diary, the part of which concerning medicine is transcribed as translated from the Swedish manuscript in Pulteney's work, second edition, edited by Maton:

Linnæus practised physic at Stockholm from 1739 to 1741; he was physician to the great naval hospital there, and had, besides, as much practice as all the other physicians collectively; but, on being made Professor, he relinquished the whole of it, because either that or his duties as a Professor must otherwise have been neglected. From this period, therefore, he attended only his friends and the poor.

Physiology derived from him an important discovery, namely, Generationem ambigenam. Harvey maintained that the rudimentum futuri fœtus lies in ovi puncto saliente; Leeuenhoek, that it lies in genituræ verminulus spermaticis; Linne, on the other hand, that from the mother comes Carina Malpighii, rudimentum encephali, and from the father punctum saliens cordis, et inde totum corpus. This he proved by observations on hybrid animals, hybrid plants, etc. Thus, sense and temper, with tenaciousness of life, proceeded from the mother, but external appearance and habit, with strength of constitution, from the father. The Medulla spinalis would grow in infinitum if it were not confined by the spina dorsi tandem ossificata in pubertate; et a retropressione libido. The contrary happens in Tæniæ, and in vegetables which have no bone in their composition. Ossea crusta will grow infinitum, cæteris paribus. The object of respiration, he thought, is to extract the electric fluid from the air by the lungs and thus to transmit it to the medulla, becoming the spiritus animalis, as it were; and hence, that the chief office of the lungs is not to accelerate the motion of the blood. Some foreigner has considered this as an hypothesis only, but Linnæus as an axiom.

Pathology is a subject on which he corresponded more than thirty years with the learned Sauvages, above one hundred of whose letters are in his hands.

Genera Morborum have not been so clearly defined by any one; there is not a single word in them that is not useful; his work on this subject is an excellent compend for a tyro. He has divided fevers into three classes, after a method entirely his own: Exanthematicæ typo scabiei ad exanthematibus vivis contagiosis; Criticæ typo rheumatis (Fluss), ab acido serisanguinis; Phlogisticæ, typo inflammatorio, a putrido cruoris sanguinis.

He was the first to explain that Tænia had no head, and grows infinitum, and also that fragments of this creature sprout again.

That Lepra is caused by a species of Gordius, found principally in herrings, has since been confirmed by the Norwegians.

To show that Raphania is occasioned by the Raphanistrum required his thorough acquaintance with natural history.

He maintained that Scorbutus is caused by culinary salt.

Diet nobody has treated of in a more solid and satisfactory manner, though he did not publish anything on the subject. His doctrines, like those of the later natural philosophers, are deduced from experience, and his system, like theirs, may therefore be called experimental. Everything was deduced from occurrences in common life, cited in their proper places as examples, on which account his auditors were never more numerous than when he lectured on this subject. Several persons took notes at these lectures, but all the notes I have seen are incorrect.

Pathology, the foundation of the whole medical art and of all medical theory, has been more improved by Linnæus, in his Clavus Medicinæ of eight pages (which is a masterpiece in its way, and one of the greatest treasures in medicine) than by a hundred authors and books in folio.

The Mechanical Physicians, indeed, had shown that the action of the Sapida consists in relaxing or constringing, according to the nature of their taste; but neither the species saporis, nor their contraries, were explained—much less the nature of the Olida. Linne was the first who saw that nature was balanced by contraries, and acted upon numero quinario. He saw that the Creator had given to animals two senses, viz., taste and smell.

That the Sapida act only on the fluids and solids, or on the fibres.

That the Odora act only on the brain and nerves.

He found that Vitia Corporea, as well in the fluids as the solids, are only five in number.

That the Vitia Encephali, vel Systematis Nervosi are likewise five; each with the same number of contraries.

He likewise found that the Sapida and odora are also five, with as many contraries, and that the right indication results from a

comparison of contraries with contraries. He proved this by examples. What can be stronger?

For this was required all the knowledge that Linnæus possessed of diet, natural history, medicine, materia medica. Few physicians had been conversant with all these branches together. Fortunate were those students who, before his time, could acquire this knowledge.

Not to mention that Linnæus was the first who said that all our principal medicines are poisons; that physicians ought not to condemn poisons, but to use them, as surgeons their knives, cautiously.

The Materia Medica likewise was in a confused state, and many articles were imperfectly known until Linnæus reformed it. He introduced the genus, specific difference, select synonyms, place of growth, cultivation; deduced their medicinal effects and uses from the impressions they produce on the organs of taste and smell, and, lastly, described the several compositions, all of which had been either confounded or superficially treated of before, but by Linnæus were distinctly explained in his materia medica.

He was the first person who determined Sarcocolla, Balsam of Tolu quassia. He introduced several new articles; revived the use of others which had been forgotten: Ophiorrhiza, Fungus Melitensis, Senega.

Dulcamara. Linnæus was the first who brought this plant into general use in Sweden. He cured Syphilis and Scorbutus with it.* Virgo scorbuto summa afflicta, quam omnis generis remedia frustra essent adhibita, ejusque gradus ad summum pervenisset, Medicus Razout, concilio Sauvagesii, eam perfecte curavit solo usu decocti Dulcamaræ, quod remedium Sauvages ab Illo. Linnæo acceperat. Dulcamaræ decocto multos syphiliticos curavit Sauvages hujus usu a Linnæo edoctus.

Sauvagesium paucis ante abitum annis lippum, ut vix legeret librum, curavit Linne infuso caryophyllorum, ut ipse in literis fatetur "tibi debeo oculos meos."

Ledum. He was the first person who taught that it was the chief specific against the whooping cough.

Moschus. He was the first who introduced it for the cure of contagious diseases, and as a preservative or expellens horum, ex principio febrium contagiosarum ab exanthematibus vivis—now common.

R. Britannicæ (Rumicis Aquatici radix) applied to ill-conditioned ulcers, he was first informed of from America, and by him it was communicated to Europeans.

D'Ailland's powder he asserted to be (Pulvis) Baccarum Rhamni.

Guy's powder against cancer Foliorum Actææ.—*Journal of A. M. Assoc.*

*Act. Paris, 1761, p. 53.

Pharmacology and Therapeutics.

IN CHARGE OF
A. J. HARRINGTON, M.D., M.R.C.S.(Eng.)

THIOCOL*—A SOLUBLE FORM OF GUAIACOL.

Among the remedies commonly used in tuberculosis, creosote and its therapeutically active constituent, guaiacol, occupy undisputedly a high place. The efficacy of these two medicaments is universally recognized, yet they have several drawbacks which stand in the way of their more general and prolonged use. For example, guaiacol and creosote act as irritants and even caustics on the mucous membrane of the mouth, esophagus, and stomach. Both guaiacol and creosote have a decidedly unpleasant odor and taste, on account of which most patients take them only with repugnance; in consequence, the treatment with them is usually interrupted as soon as possible, or even entirely discontinued. Guaiacol and creosote are for all practical purposes insoluble in water, and though sufficiently soluble in 50-per-cent. alcohol, such a solution is irritating and prone to excite coughing and to produce a lasting sensation of burning in the throat.

The above facts have lead in recent years to the introduction of various acid esters of guaiacol; but these, while in some instances tasteless, are all insoluble in water; besides, they are not decomposed into their components and absorbed in the stomach, but undergo decomposition—and that a partial one—only on reaching the alkaline intestinal secretions. In view of this they do not replace guaiacol.

More recently investigators have succeeded in preparing a compound of guaiacol that is readily soluble in water, free from the taste and odor of the latter, non-toxic, and extremely assimilable. This new preparation is thiocol, the potassium salt of ortho-guaiacol-sulphonic acid. As appears from the sub-joined clinical reports, we have in thiocol a form of guaiacol which is convenient for dispensing purposes, non-irritant to the mucous membranes of the alimentary canal, and which, furthermore, has the following advantages:

1. Owing to its great assimilability, it affords the possibility of successfully combating phthisis.

*Guaiacol-sulphonate of Potassium.—*Roche.*

2. In consequence of its non-irritativeness and non-toxicity, it does not give rise to untoward symptoms of any kind, not even with continued use.

3. It causes the symptoms of pulmonary tuberculosis—emaciation, anorexia, decline of strength, fever, night-sweats, etc.—to disappear in a short time, quicker than any other medicament hitherto in use in phthisis.

Thiocol may be prescribed either in plain powder, in cachet, capsule, or tablet, or in aqueous, alcoholic, or syrupy solutions; its faintly bitter but not disagreeable taste is perfectly corrected by orange syrup or syrup of cinnamon.

The ordinary adult dose is given as from 45 to 80 grains per day, taken in three equal portions, after meals. Some physicians advise beginning with 10-grn. single doses, and gradually increasing, if need be, to 30 grn. per dose. As much as 4 dr. have been given daily, with material benefit.

Thiocol is employed in phthisis, chronic coughs and catarrhs, scrofula, etc.; in short, wherever guaiacol or creosote appears to be indicated for internal use.

The composition of thiocol (potassium guaiacol-sulphonate—Roche) is shown by the formula $C_6H_3.OH.OCH_3.SO_3K$. It occurs as a white, micro-crystalline, odorless, permanent powder, of a faint bitter-saline but not disagreeable taste. It is readily soluble in water, and dissolves also in diluted alcohol, but it is insoluble in ether or in fatty oils. Its aqueous solution is colored violet-blue by ferric chloride, the color changing to wine-yellow on the addition of ammonia water.

Thiocol has a powerful reducing action on silver salts and ferric compounds, and at once decolorizes permanganate solution. On being oxidized with the latter the benzene nucleus is split off and destroyed, while sulphate, oxalate, and carbonate of potassium appear in the filtrate.

After the administration of thiocol, almost the total amount of sulphur from the medicament is found in the urine as sulphate, with a small proportion of guaiacol-sulphonate.

Careful physiological experiments, made by Dr. G. Rossbach at the Medico-Chemical Institute connected with the High School at Berne, Switzerland, and by Professor Jacquet at the Medical Clinic of the University at Basle, Switzerland, have demonstrated that thiocol, given per os or injected subcutaneously, is non-toxic, produces a striking increase in weight, and shows no injurious influence on the composition of the blood.

On the contrary, in most cases there was an increase of blood corpuscles and hemoglobin; in some instances the quantity remained unchanged. Furthermore, the animal experiments

proved the extreme assimilability of thiocol as against other guaiacol compounds—where only 7 per cent. of guaiacol carbonate was absorbed, 70 per cent. of thiocol was assimilated.

Dr. Rossbach reports, in part, as follows:

"In two series of examinations of the urine of a healthy person, before and after giving thiocol, quantitative determinations of the sulphur eliminated were made, taking into consideration the following facts: The sulphur excreted in the urine is partly derived from the organic and inorganic sulphur compounds and albuminoid constituents of the food, and partly from the albuminoid material of the circulation, the muscle and horny tissues, the bile, and to a very small degree from the bones, the mineral constituents of which are very slightly affected by metabolism.

"If an individual be placed under unvarying conditions of nourishment, and it is shown at the same time that the excretion of nitrogenous matter is subjected to none or only very slight variation, while, on the other hand, after administering thiocol (which contains sulphur) the sulphur content of the urine increases, the additional sulphur which is found can only be attributed to the introduction of the preparation into the system; the more so, as the action of thiocol on the secretion of bile is excluded, if we are guided by Barbera's theory of bile-formation. According to Barbera, only those compounds act as cholagogues which at the same time have an action on the blood."

But a series of experiments carried on by the author has proved that thiocol is absolutely indifferent toward the blood. He gives some interesting data in the form of carefully compiled tables. The conclusions the author draws from his experiments are briefly as follows:

1. Thiocol has the advantage over other guaiacol preparations of being freely soluble in water.

2. Its solubility in water and its permanence in air allow of its employment in any form—powder, tablet, solution, etc.

3. Thiocol excels all other guaiacol preparations and all the compounds of creosote in its high capability of being absorbed by the animal system (about 70 per cent.).

4. Its non-toxicity, whether administered per os or by subcutaneous injection, is also of great value.

Professor Jaquet reports the result of his experiments as follows:

"I have treated six rabbits with thiocol. From Oct. 12 to Dec. 12 each animal received daily 0.2 gm. (3 grn.) in 10-per-cent. aqueous solution, subcutaneously. The injections were well borne, never produced abscesses, and only occasionally a slight induration. Before the experiments were begun the body-weight

and the composition of the blood were determined, and the urine was examined. The urine analysis was repeated every week, the weighing and the blood examinations were seen to in the middle of the experimental period and at the end of it.

In no instance could albumin or blood be detected in the urine. Hematoporphyrin was regularly tested for, but invariably with negative results. As for the influence of the thiocol medication on the blood, in every instance the blood corpuscles and hemoglobin remained the same or increased; no untoward effect on the composition of the blood could be observed.

As regards the general condition of the animals during the experiments, not the least disturbance was noticeable, while the body-weight increased surprisingly.

"During the two months of careful observation no untoward effect was noticed from the use of thiocol."

NOTES ON SCHOOL HYGIENE.

Teeth of School Children.—A dentist of Germany states that out of 5,300 school children examined, only 4.37 per cent. had sound teeth.

An Anticorset Decree has been issued by the Minister of Education in Saxony, who holds that tight lacing is as fatal to intellectual development as the cigarette. By this decree no girl wearing a corset may attend the public schools or colleges.

The Lowest Death-rate ever recorded by a civilized nation is shown by the census of Sweden and is reported as 16.49 per 1,000 during the last ten years. Norway ranks next with 17.9 and England third with 18.8. At Skegness, in Lincolnshire, in a population of 2,500 only 25 deaths occurred last year.

The Vision of School Children.—In the spring of 1902, eight ophthalmic surgeons were appointed by the London School Board to test the vision of children attending the schools under the jurisdiction of the Board. The surgeons have examined more than 17,000 children, and have found that 8 per cent. of the boys, and 11 per cent. of the girls in all the standards have seriously impaired vision.

Only One was Vaccinated.—"In the town of Gloucester there is a beautiful cemetery, and in one corner of the cemetery there are the graves of no less than 280 little children, all under ten years of age, all of whom died seven years ago when a terrible

attack of smallpox visited that town. Of these 280 children who died of smallpox, 279 were unvaccinated and only one was vaccinated."—*From a Sermon.*

The Education of Children Mentally Sub-Normal.—The Board of Education for Greater New York has recently directed the principals of the schools to report on the number of school children showing mental deficiency. It appears from their report that 1.7 per cent., or 8,500 of out 500,000 school children in New York are mentally sub-normal. It is not unlikely that both for their own sakes and for the sake of other pupils special methods should be used in educating these children.

Educate the Educators.—The Incorporated Society of Medical Officers of Health held their annual meeting recently at Hotel Russell, London, Eng. The inaugural address of the President, Dr. J. Spottiswoode Cameron, Medical Officer of Health of Leeds, was on "Sanitary Progress During the Last Twenty-five Years,—and in the Next." "We ought," said Dr. Cameron, to educate the educators, to teach the teachers. Every teacher in an infant school ought to be able to recognize the early symptoms of the commoner infectious diseases and should have authority to consult a medical man as to their real nature. The visit of the medical man to the infant school ought to be a matter of common routine. It should take place, as a matter of course, soon after the assembly, and he should see those children whom the teacher had picked out at the roll-call." H. MacM.

Marsyle Clin Solution for Injection in Sterilized Tubes.—The hypodermic injection of the salts of iron is not generally advised. Certain authors believe them useless; others regard them as painful, and the cause of a strong local reaction. The result thus far with the injection of Marsyle Clin solution shows that it is rarely painful and is not accompanied by any irritation. Injection should be deeply made in the gluteal muscles. The hypodermic method may be employed when the oral method is contra-indicated. The solution for injection is sterilized, and contains exactly five centigrammes of Marsyle to the cubic centimetre. It is furnished in sterilized tubes, the contents of which always slightly exceed a cubic centimetre, to permit of completely filling the syringe. After injecting the solution, carefully wash the needle and syringe in boiling water, to avoid oxydation. *Doses.*—At the outset, one injection every two days, of one-half to one cubic centimetre. After the susceptibility of the patient has been tested, daily treatment may be instituted.

Proceedings of Societies.

TORONTO MEDICAL SOCIETY.

The regular meeting of the Toronto Medical Society was held on December 18th, 1902, at the Toronto Orthopedic Hospital, the President, Dr. S. M. Hay, in the chair.

The interest shown in a meeting to be devoted entirely to orthopedic work brought out a larger number than usual. No papers were read, but the meeting made entirely clinical with a view of showing a considerable number of patients, as seen from the following programme:

1.—X-ray Prints, Dr. B. E. McKenzie.

2.—Injury to Shoulder, Dr. McKenzie.

3.—Deformity of Leg, Dr. Galloway.

4.—Operation for Shortening of the Ligamentum Patellæ, Dr. Galloway.

5.—Hemi-hypertrophy of the Lower Extremity, Dr. Galloway.

6.—A Case of Nervous Disease Presenting Unusual Difficulty in Diagnosis, Dr. McPhedran.

7.—Case of Web Fingers, Dr. Webster.

8.—Adult Cases of Club-foot, Dr. McKenzie.

1. X-ray prints of both feet were shown, one of the normal foot and the other of a foot in which the astragalus had been crushed down by a fall from a height, the patient lighting upon the feet. The pictures showed very clearly not only crushing of the astragalus, but also the fracture of the anterior part of the lower end of the tibia, this being carried downwards and presenting an obstruction to dorsi-flexion of the foot. This had been removed through an incision made in front of the joint, permitting the restoration of the foot to a normal position.

The second case was that of a gentleman who had fallen on the 5th of September, striking the point of the shoulder on the side-walk. No fracture or dislocation could be found, but in spite of continued rest and the absence of swelling or infiltration, great pain, tenderness, and immobility remain.

Dr. Silverthorn referred to the marked advantage resulting in such cases, from free forced movement of the joint under anesthesia.

Dr. Price Brown referred to a similar case that he had seen,

where Dr. McKenzie had advised counter-irritation by blister, after which rapid improvement followed with complete restoration of function.

Dr. Hooper referred to the great gain resulting in these cases from the use of the cautery.

Dr. Carveth said that sharp counter-irritation would first be tried, that failing, the joint would be freely moved under anesthesia.

The third case was presented by Dr. Galloway, this being a child with very marked congenital deformity of the leg and foot, referred to him by Dr. Barrick. At about three months the foot and leg were forced by manipulation into a greatly improved position, and thus retained by a plaster-of-Paris dressing. Treatment similar to this was repeated several times, until now when the child is beginning to walk, there is much less deformity, but a bowing forward of the tibia, which, should it continue, will demand osteotomy when the child is a little further developed.

Showing the next case, one of double bow legs in a child six years old, Dr. Galloway pointed out that this deformity in young children was likely to recover spontaneously, provided the general health were properly looked after and good nourishment secured. After three or four years of age, however, there is little prospect of a spontaneous recovery. At no age does he consider the use of mechanical braces a satisfactory means of securing correction. The braces, if used at night with sufficient force to effect correction, will greatly disturb the child's rest. If employed in the day time it is difficult to keep them so adjusted as to effect any improvement. He holds it better to treat the child first constitutionally, and to resort to manipulation of the limbs until the child is three or four years of age. At that time, if necessary, osteotomy of the tibia may be performed; it is practically without risk and invariably secures a good result. This operation may also be done with great satisfaction for the adult.

The next case presented was that of a young woman twenty years of age, who had infantile paralysis in her second year, which so much disabled and produced such marked deformity of the lower extremities, that at twenty years of age she had never walked. The correction of deformity had not been a difficult undertaking; active and passive exercise and massage had been employed, so that by the aid of leg braces she had learned in the past year to walk about without the use of crutches, and in using the latter could walk a half mile. During the long period of flexion at the knees the ligamentum patellæ of each limb had become unduly stretched; it was thought that a shortening of the ligament would restore considerable power of extension. A nail had been passed horizontally through the patella without entering the

joint, the ligament had been exposed, a section removed from it, the patella pulled far downward by traction upon the nail and so retained and the segments of the ligament sutured together. As this had been done only a week previously the effect of the operation is as yet unknown. Dr. Galloway then presented a very striking case of giantism of the right lower extremity in a child nine months old. At birth the foot was abnormal in shape, all of the parts being greatly hypertrophied excepting the great toe. An effort had been made by confining the foot and limb in a very tight plaster dressing, to prevent further growth. This had been, however, without result, so that at present the foot is as large as would be found in a child of eight or ten years. The remaining part of the limb even up to the region of the glutei being also much enlarged, but not proportionate to that of the foot. This case aroused considerable interest and was discussed by Dr. Beatty, Dr. Porter and Dr. Wilson as to the pathology.

Dr. McCullough suggested that the natural condition and appearance of the great toe might indicate that the affection was nervous in its origin, and that an examination of the nerve structures would be highly important.

Dr. McKenzie said that he had seen several cases somewhat similar, one of the most marked was that of a boy, under the care of Dr. H. B. Small, of Ottawa, in whom the trouble was not noticed until the boy was about six years of age. Being in London at that time several surgeons were consulted as to the reason for the greatly increased size of one lower extremity, without being able to offer any satisfactory explanation. During the several years that have elapsed since that time the limb has continued to increase relatively faster than its fellow. The relative growth, however, and disproportion is not in any way comparable to those of the child just shown. Another case seen a few days ago, with Dr. Walker, of Glencoe, was that of a boy fourteen years of age, healthy and well developed, who has one limb nearly three inches shorter than its fellow. He would regard this case rather as a case of shortening, or rather non-development of this limb in length, than hypertrophy of the other. The boy is in good health, the development of the limbs similar in every particular, except in length; he plays football actively, and has in every way as good use of the short limb as of the other. The longer limb is in proportion with the boy's growth in other particulars. The history does not afford any explanation.

Dr. Galloway stated that the pathology of the condition was not well understood, that a condition of the lymphatics had been found that would indicate that it was due to faulty lymphatic function; other cases had been examined which tended to show

that the fault was in the central nervous system. In this case amputation had been advised, and would at once be performed.

The next case, though present, was not shown, as Dr. McPhedran, having been called away, was unable to present it.

Dr. Webster then presented a boy 14 years of age upon whom he had operated for webbing of the second and third digits. He had modified the ordinary operation by so making the incision from the space between the ends of the fingers to near the metatarsul joint as to present a triangular flap. The operation had been decidedly successful, and Dr. Webster was complimented upon the result by Dr. Galloway and others.

The last cases presented were a number of persons from 18 to 35 years of age, all of whom had suffered from double congenital club-foot. Two or three of these were in men varying in age from 20 to 35 years, who had been operated upon from two to four years ago without removal of bone or making any open incision. It would be difficult to detect in the walk of these individuals, or in the shape of their feet, that any deformity had ever existed. One patient presented was a young man, 23 years of age, operated upon thirteen years ago; this proved a most instructive case. The first foot at that time was dealt with by open incision, as advised by the late Dr. A. M. Phelps, of New York. While waiting at that time for the healing of the wound made by open incision, the other foot was being straightened by manipulation and retention in plaster after each time that rectifying force was employed. Noticing that improvement in the foot was readily effected in this way, the open incision was not made. After a few months, when both feet had been fully corrected, it was regarded as a very satisfactory result, both feet being in a good position. On coming to live in Toronto a year or two ago this young man presented himself, showing that in the lapse of years the foot operated upon by open incision had not grown nearly so well as the other, and that some contraction had occurred at the scar, so that neither in function nor appearance is that foot fairly comparable with its fellow.

Dr. McKenzie pointed out that this was on object lesson which should not be lost sight of. Within the last ten years he had corrected thirty cases of club-foot in adults, without making any open incision, with osteotomy, and without removal of bone. Several other cases that are now in course of treatment, in persons from 20 to 30 years of age, were shown. In view of the history of these cases and the successful results shown without any extensive cutting and without removal of bone, he wished himself to be understood as claiming that such radical methods, as the removal of bone and the Phelps operation in children, were uncalled for in 95 per cent: of all cases presented; it was seldom or

never necessary. So much superior are the results when the deformity is corrected by manipulation that it could be regarded as little short of malpractice to resort to the more radical methods. The time required for the correction of the deformity, even in the adult, is seldom more than three or four months, so that even in the matter of time the more heroic methods find no justification.

The various cases presented were examined by the members present, and congratulations were expressed upon the excellent results secured.

Sewage Disposal.—Dr. John Amyot, of the Provincial Board of Health Department, on the evening of January 10th addressed the Canadian Institute on the subject of sewage disposal. After a careful study of the subject, an examination of the sewage disposal works of the Eastern States and Europe, and a summer of experimental work at Berlin, Ont., his conclusion is that the most effective and most easily managed method of disposal yet found is that of intermittent sand filtration. Regarding the septic tank and bacteria bed system, that has been recommended for Toronto, he said it was a compromise method, not as efficient and far more expensive and more difficult to handle. The bacteria or contact beds, he said, were delicate, living pieces of machinery, with a lifetime of two years, after which they had to be reconstructed. Sewage disposal, Dr. Amyot pointed out, had become a problem of biology, a question of the operation of bacteria. Under certain conditions the microbes in the sewage created ferments, which digested organic matter, and when the work was properly done the effluent passed off nonputrescent. The object of modern sewage disposal methods was to obtain an effluent as nearly fit for drinking water as possible. Dr. Amyot explained intermittent sand filtration by describing the works at Brockton, Mass., where a population of 30,000 disposes of 950,000 gallons of sewage a day on nineteen acres of sandy land. It is divided into acre lots, and drained by ordinary garden tiles four feet below the surface. About 200,000 gallons of crude sewage is turned into each of five beds daily, the nineteen beds being used in rotation. The effluent contains large quantities of nitrates, but no organic matter, and as pure as such a plant could produce. After fifteen years the beds are in better shape than when first used. The plan requires little attention, the chief cost being the pumping, and operates effectively in zero weather. At Clinton, Mass., the effluent from such a plant has formed a spring, which is popular with cyclists, and very nice houses are built and being built around the plant. City Engineer Rust, in his report on sewage disposal, estimates the cost of a system of septic tanks and filter in Toronto at $2,385,000, and an annual cost of $76,000.

The Canadian Journal of Medicine and Surgery

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Mental and Nervous Diseases—N. H. BEEMER, M.D., Mimico Insane Asylum; D. C. MEYERS, M.D., Deer Park Sanitarium, Toronto; and EZRA H. STAFFORD, M.D.

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Physiology—A. B. EADIE, M.D., Toronto, Professor of Physiology Woman's Medical College, Toronto.

Pediatrics—AUGUSTA STOWE GULLEN, M.D., Toronto, Professor of Diseases of Children Woman's Medical College, Toronto; A. R. GORDON M.D., Toronto.

Pathology—W. H. PEPLER, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto; Demonstrator of Pathology Trinity Medical College; Physician to Outdoor Department Toronto General Hospital; Surgeon Canadian Pacific R.R., Toronto; and J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology and Otology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

VOL. XIII. TORONTO, FEBRUARY, 1903. NO. 2.

Editorials.

ONE OF THE FREAKS OF MEDICAL NOMENCLATURE.

IN Volume XXV., No. 20, *The Literary Digest,* appeared an allusion to a paper read by Dr. Charles W. Stiles at the recent Sanitary Conference of American Republics at Washington. Reference was made in this paper to uncinariasis, a disease said to be prevalent in the Southern States, where, according to Dr. Stiles, it is commonly mistaken for malaria, and is responsible for many of the peculiarities of the "poor whites," including chronic laziness, "dirt eating," etc.

In describing the symptoms of the disease, Dr. Stiles asserted that it created an abnormal appetite for different things in individual cases, and that the "dirt eaters" were almost all sufferers from it. The disease itself, he asserted, was not due to the habit of eating dirt, as some physicians have claimed, but that, reversely, the habit itself was due to the disease. The famous "pickle-eaters" of North Carolina were also sufferers from the disease, and their abnormal and peculiar appetite was the result of a certain stage of the disease.

We are not disposed to discuss the statements made by Dr. Stiles, the value of which will have to be settled by clinical and experimental evidence. In this article we wish to draw attention to the word "uncinariasis."

In the *Literary Digest* it is spoken of as a parasitic disease. Curious to learn what might be the real character of this parasite, we looked for uncinariasis in the American Illustrated Medical Dictionary, 1901, but failed to find such a word. Webster's International Dictionary, 1902, was also silent on uncinariasis. The etymology of the word suggests a disease produced by hooklets (uncus, a hook). Finally, in an article on diseases of the stomach, etc., which appeared in *Progressive Medicine,* December, 1902, Max Einhorn threw some light on uncinariasis. He says: "*As is well known,* uncinariasis is a chronic disease due to the infection by a small thread worm, known as the uncinaria duodenalis (ankylostoma duodenale), which is characterized clinically by intense anemia, dyspnea, weakness, gastro-intestinal disturbances, and in advanced cases by edema of the face and extremities, and serous effusions into the cavities of the body. Dr. Einhorn goes on to say: "It must not be supposed that all those who are infected show symptoms of uncinariasis; far from it, as many are strong and healthy. The weak and poorly nourished are those who are least able to withstand the loss of blood occasioned by the parasite."

Once understood as the equivalent of the ankylostomiasis, the term uncinariasis is intelligible enough. We do not agree with Dr. Einhorn, however, that this fact is well known, and we would refer Dr. Einhorn to the dictionaries already mentioned and to the Practice of Medicine, by Anders, Fourth Edition, 1900, where under the heading Ankylostomiasis, a description is given of the Ankylostoma duodenale (Dochmius duodenalis), with the pathology, symptoms, diagnosis and treatment of the disease;

but no allusion is made to uncinariasis. Anders says: "Ankylostomiasis is not uncommon in tropical countries (Italy and Brazil). In Italy it has been termed *tunnel or mountain anemia;* in Belgium it is known as brickmaker's anemia,—again it occurs among workers in coal mines—miner's cachexia. In this country it is rare, although alleged to have been seen in the Southern States. The importation of infected Italian, Hungarian, and Polish laborers may, at some future time, cause the propagation of the ankyloma parasite in the United States." It is quite evident, therefore, that Dr. Stiles totally differs from this view, as he thinks uncinariasis, the disease produced by the presence of the ankylostoma duodenale, is common in the Southern States. As already stated in this article, the correctness or falseness of Dr. Stiles' theory with regard to the peculiar form of anemia affecting the "poor whites" of the Southern States should be easily settled by an examination of the feces of the anemic patients for nematodes or their ova.

If it can be proved that "dirt eating" in South Carolina, and pathologic "pickle eating" in North Carolina are due to the influence of the ankylostoma duodenale, the correctness of Dr. Stiles' position on this question will have been established. Under such circumstances, he might be allowed the privilege of coining a new name for ankylostoma, since he will have enormously extended the domain of this nematode.

It is different with Dr. Einhorn, who uses uncinariasis and ankylostomiasis in the same terms, only he assumes, what he has no right to do, to give the preference to the former.

We also notice that the editor of the *Journal of the American Medical Association* (Jan. 3, 1903), writes of "ankylostomiasis, or, more properly speaking, uncinariasis."

Writers for the medical press should not use scientific terms with the airs of assured authority until these terms have received the stamp of the best usage. J. J. C.

EICHHORST'S VIEWS ON THE TREATMENT OF DIABETES.

Professor Eichhorst announces his latest views on the treatment of diabetes in a communication to the Medical Society of Zurich, which has been published as a recent fasciculus of Therapeutische Monatshefte. He places all medicaments under the ban,

as, according to him, salicylic acid, salol, carbolic acid, antipyrin, etc., which have been tried in mild, medium, and severe cases of diabetes, have been all found equally powerless in effecting the slightest diminution in the patient's glycosuria.

He goes further. In a certain number of cases of this malady in syphilitic patients, in whom everything seemed to indicate the existence of a causal relation between the syphilitic infection and the diabetes, specific treatment with mercury and iodide of potassium did not nullify the glycosuria to the slightest extent.

He even goes so far as to say that medicines are positively hurtful in this malady, inasmuch as they furnish the diabetic patient who trusts in their efficacy, a pretext for following his dietetic regimen less closely than he ought to.

Eichhorst has no faith in the use of mineral waters as a cure for diabetes. He admits that after a season at Carlsbad or Neunahr diabetic patients observe a considerable diminution in and occasionally a complete absence of sugar from their urine. This result, however, he attributes to the rigorous dieting to which these patients are obliged to submit during their stay at these stations, so much so, that equally good results might have been obtained in their cases if they had followed a suitable diet at home.

He does not advise alcohol in diabetes. As calorific agents, he prefers butter, lard, cream, ham, smoked salmon, fatty cheese, sausage, which have the advantage of introducing a certain amount of variety into the patient's diet. As a beverage, he orders plain water or an alkaline water, to which some lactic or citric acid has been added, and even whole milk, in spite of the fact that it contains sugar of milk. Weak coffee and tea are permissible. As to cocoa, it is necessary before ordering its regular use to ascertain if it increases or not the glycosuria.

The well-known dietetic treatment, which it is unnecessary to describe, is, according to Eichhorst, the only rational treatment of diabetes. Cases differ, however, and the method of placing a diabetic patient under such a regimen is not the same for all.

Should the strict dietetic treatment be commenced immediately or gradually?

Eichhorst prefers to go slowly. In some cases he has observed that the sudden deprivation of farinaceous food and sugar has provoked serious digestive troubles, emaciation, and the appearance in the urine of diacetic acid and acetone, which indicate the evolu-

tion of an auto-intoxication leading in the direction of diabetic coma. None of these phenomena appear when the physician diminishes gradually the quantity of sugar and carbohydrates in the patient's diet, and gives the organism the time, so to speak, to adapt itself, little by little, to the new conditions of alimentation.

It sometimes happens that the total privation of sugar and the carbohydrates is badly borne by the patient, who becomes alarmingly thin. Eichhorst allows such patients small quantities of bread and sugar, for, in his opinion, a diabetic patient in fairly good health, with a small quantity of sugar in the urine, is preferable to one who loses flesh and strength, although his urine may be sugar-free. Eichhorst weighs his patients regularly, the scales being, according to him, the best means in the hands of the physician for learning how his patient stands the diet he is obliged to use. A diabetic patient who has lost flesh ought to hold his own after his diet is suitably arranged, and if the scales show a fresh loss of weight, the rigor of the diet must be lessened.

Briefly expressed, Eichhorst's teaching is that, in the treatment of diabetes, the first point to attend to is the PROGRESSIVE establishment of a special diet, the effects of which ought to be controlled at intervals by weighing the patient; the second is to eschew all medicaments, alcohol included. J. J. C.

PROFESSOR LORENZ IN NEW YORK.

THE celebrated German orthopedic surgeon, Dr. Lorenz, came to New York on Monday, the 15th ult., and since that time has been busily occupied holding clinics in various places; at Cornell Medical College, at the Hospital for Ruptured and Crippled, at the Hospital for Cripples on East 59th Street, at Beth-Israel and other institutions.

The visit of Lorenz to New York was hailed with a mixed feeling of cordiality and prejudice. Many have regarded the visit of this surgeon as little else than a boom to exploit some unheard of impracticable procedure, others believed that he could teach us much that was original with himself, that he was a real benefactor, in the broadest sense of the term, inasmuch as he made no secret of his methods and invited his professional brethren to come and judge for themselves.

Since he came to New York he has departed from an iron-clad rule up to this time. He here has not confined himself to reducing congenital dislocation of the hip, but has also operated on club-foot, in several aggravated cases.

We were somewhat disappointed about his physique, as we were led to believe that he was of a large, heavy frame, with a ponderous muscular development, while, on the contrary, we find him a man about six feet in height, of rather a spare build, what some would call "wiry." He speaks English with remarkable clearness and facility, usually reading from manuscript when describing techniques.

On Friday evening he was entertained by the Academy of Medicine. The sceptical attitude of the profession was made manifest on this occasion, and as the membership is made up mostly by leaders in the profession, the sparse attendence was noteworthy. About one-half the audience was made up of non-members, and yet the main hall was not filled. The exercises opened with a paper by Professor Lorenz. This was full of interest and rich in suggestion to those who closely followed him.

1. He made it clear that he was a "dry operator." He deprecated sanguineous surgery, or "any description of operative procedure that imperilled the life of a patient." The loss of blood, he alleged, was always serious in its consequences on young children.

2. The real steel of the man was made evident when he warned against the too ready practice of putting hips, the seat of disease, too early in fixation apparatuses. He showed that if we would do the best for these cases we would let nature have a chance, asserting that "if we would take a typical case in its early stages, feed the child well and do nothing at all, it would come out as well, if not better, than the one placed in fixed adjustments." That brings us back to just where we were fifty years ago, and is, no doubt, in a large measure not far from the fact.

3. In hip-joint disease he warned against any apparatus that might impede the circulation. "Good, solid anchylosis at the hip, with a free knee and ankle, was the best we could look for in severe cases." Protracted extension he disapproved of.

4. He would discard the scalpel absolutely in wry-neck and in club-foot, as in these cases, no matter how aggravated, manipulation and simple corrective measures will suffice.

5. He said that he purposely passed over the procedure of hip-reduction, as he thought he had amply discussed this at the clinics held.

There is no question but Professor Lorenz is an orthopedist of most remarkable skill, and one profoundly learned in the science of medicine; this both his clinics and his essay clearly prove; but he is a broad man as well, and distinctly states that he expects and requests free criticism.

In the discussion which followed his essay at the Academy, it was noteworthy that, although such veterans as Drs. Gibney, Schaffer and Whiteman participated, not one touched on the procedure for the reduction of congenital dislocation, the nearest reference to it was when Dr. Gibney spoke of "Professor Lorenz's method for overcoming deformities of the hip."

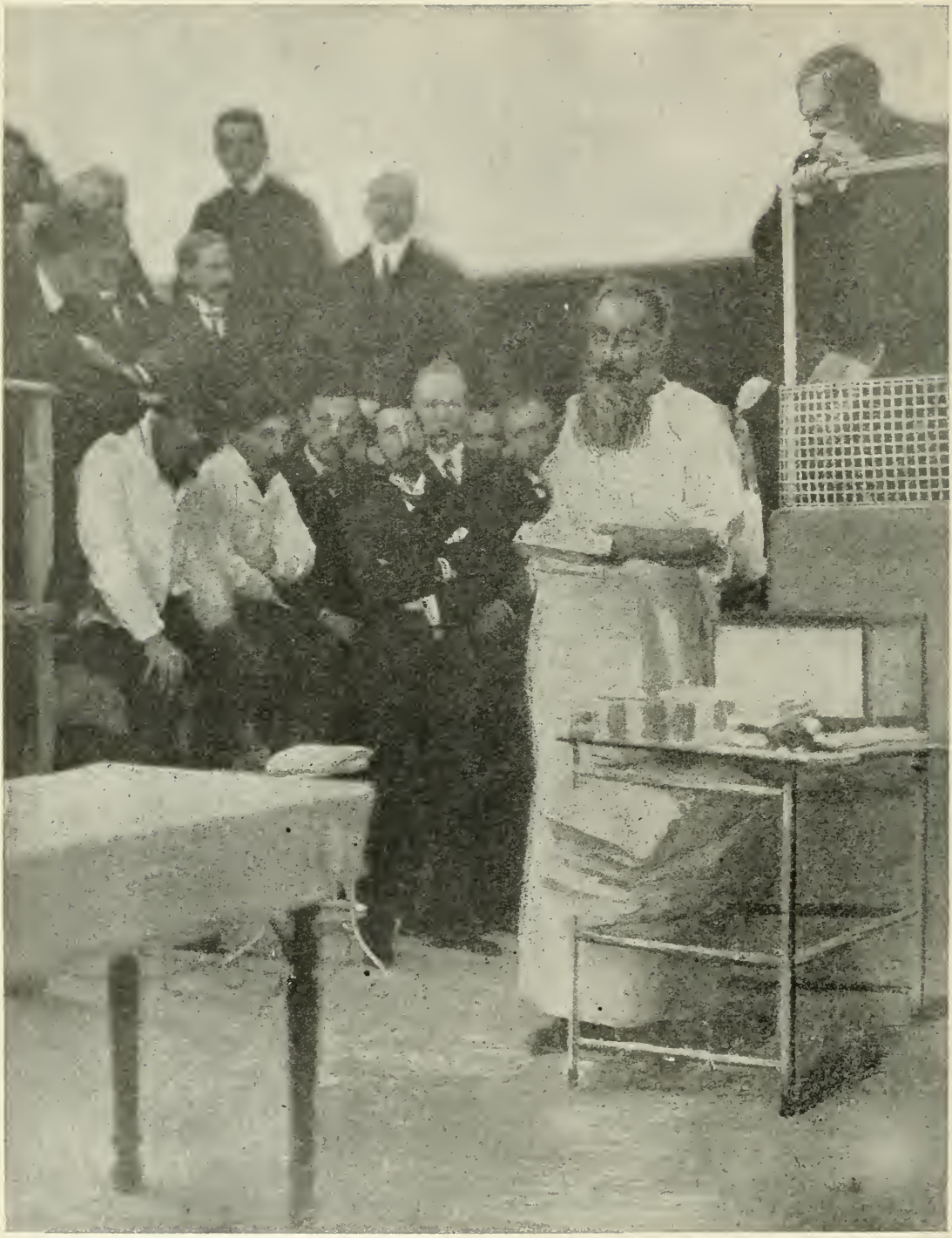
Lorenz is noted in his specialty at home and evidently one of the few who raked the shekels in early. He is now but 46 years old, the same age as Dr. John B. Murphy, of Chicago, and he says that at fifty he intends to pull out and retire. Just how to estimate the value of the work done by this German surgeon in America during his present visit is at this date quite impossible. He has reduced bones without joints, "everyone in the room hearing them shoot back into place," and so he has "unfolded club-feet, bringing the rigid, rolled-up mass of bones to the consistence of a soft towel," but these are now, and will be for some time to come, like the doctors' mistakes, well buried from sight, till long after the learned professor reaches Fatherland.

So far he has prudently declined to tackle cases of torticollis; but he is expected to cure this again in another tour of teaching, when he may be prepared for hot-shot if his methods are found to be no improvement on many others, at least well tried and better known.

T. H. M.

PROFESSOR LORENZ.

The visit of Dr. Lorenz to various American cities and his tour across the continent from the Atlantic to San Francisco, is an event of an unusual kind in the medical world. The writer knows of nothing like it since the time when the late Dr. Lewis A. Sayre toured Europe addressing the profession on orthopedic subjects,



PROFESSOR LORENZ'S CLINIC AT THE HOSPITAL FOR THE RUPTURED AND CRIPPLED.

From New York Medical Journal.

especially on the method of applying and using his plaster-of-Paris jacket.

Adolphe Lorenz is 46 years of age, was born, the son of a watchmaker, in a small town in northern Austria; is spare, erect, more than six feet in height, has a flowing beard, and the characteristic Teutonic hair. His appearance and bearing make him a striking personage whether upon the street or in any assemblage. In manner he is polite and genteel, in the expression of his opinions he is clear and decided and yet modest and unobtrusive. He has more than a good working knowledge of English, French and Italian; he speaks his mother tongue with great force and fluency.

Though he received one large fee in Chicago, and though he doubtless received fees for operating upon a number of other private patients, yet it is doubtful if he carries back to Europe with him as much as he would have made in the same time at home.

Lorenz graduated in medicine from the University of Vienna in 1880, and was appointed clinical assistant to Prof. Albert, whose lectures in surgery are so pleasantly remembered by many American surgeons; his ability and work were held in high esteem by his chief, and to young Lorenz there seemed open a brilliant career as a general surgeon.

The time was ripe, however, and the need was great for some master hand and master mind to raise the status of orthopedic surgery in Europe. In the early eighties it was held that nowhere outside of New York had orthopedic surgery attained to the dignity of a specialty.

Like all successful workers, he is a man of method and diligence; living at Altenberg-Greifenstein, twelve miles from Vienna on the banks of the Danube, he rises shortly after six o'clock, takes a simple breakfast, and, accompanied by his wife, reaches the sanitarium in the city, where shortly after eight o'clock he is ready for operations on private patients; he holds a clinic at the University from 9.30 to 11; sees private patients at his office till one; attends to the after treatment of patients and to the work of his gymnasium till six o'clock, when he returns to his suburban residence on the banks of the blue Danube. Such is an ordinary day's work for Dr. Lorenz.

To Prof. Hoffa, now in Berlin, but practising in Wurtzburg in 1890, is due more than to any other the credit of bringing into

prominence operative relief for congenital dislocation of the hip. Lorenz followed Hoffa for some time, but soon introduced a modification which was known to orthopedic surgeons as the Hoffa-Lorenz operation. Two serious objections presented themselves to a method depending upon the making of so large a wound; there was a considerable mortality and the successes were but partial. One good purpose, however, was served: the pathological anatomy became much better known. This prepared for an advance step; he began to practise and advocate operation for the relief of congenital dislocation of the hip by manipulation—his "bloodless method." He had performed about two hundred operations by the "open method," but has since adopted the more conservative plan, and has operated nearly a thousand times without the use of the knife.

From newspaper accounts one might conclude that he professed to cure all cases of congenital dislocation which have the good fortune to be subjected to his magic touch. It need scarcely be stated, however, in a medical journal that no such claim is to be attributed to him. The time is not yet ripe when he or others may judge fairly what will be the ultimate results of his work. When asked plainly, however, how many cures he expected to have, he said, "probably twenty-five per cent. of those who have double congenital dislocation will be cured, and fifty per cent. of those who have only one hip so affected." He added significantly, however, "perhaps the results will be even less satisfactory."

It need scarcely be added that when the final results are not such that a cure could fairly be claimed, the cause is found not in the operator, but in the nature of the difficulty which exists in the bones which make up the joint. Anyone who has examined a number of specimens will see how utterly impossible it is to attain success in the majority of cases.

Lorenz is in no way responsible for the exploiting that is done by the newspapers. Their methods make such a regretful notoriety and unavoidable result consequent upon such a visit to this continent. The laity are ready to believe him a divine healer, or one endowed with the magic touch.

A professor in the University of Vienna, a diligent worker in his chosen specialty, Lorenz finds himself struggling with the same problems that others are grappling with, and realizes that

many of them are still unsolved. He is the last man to claim that he is doing more than others can do or are doing. He distinctly said that he had nothing to teach many of the American surgeons who are doing the same kind of work that he is doing. Whatever stigma some may be disposed to attach to his name because of the attitude of the American press, it must be said of Prof. Lorenz that his visit to America will impart a useful stimulus to orthopedic surgery in this country, and that he has placed many American surgeons under obligation by the numerous clinics which he has conducted and to which they received so cordial an invitation. B. E. M.

THE NEW BUILDING OF THE FACULTY OF MEDICINE OF THE UNIVERSITY OF TORONTO.

The new building for Medicine has been erected on the University grounds. It will provide extensive accommodation for the students of the Faculty of Medicine of the University of Toronto, and none too soon, as the increasing numbers can no longer be provided for in the laboratories, which were sufficiently large five years ago.

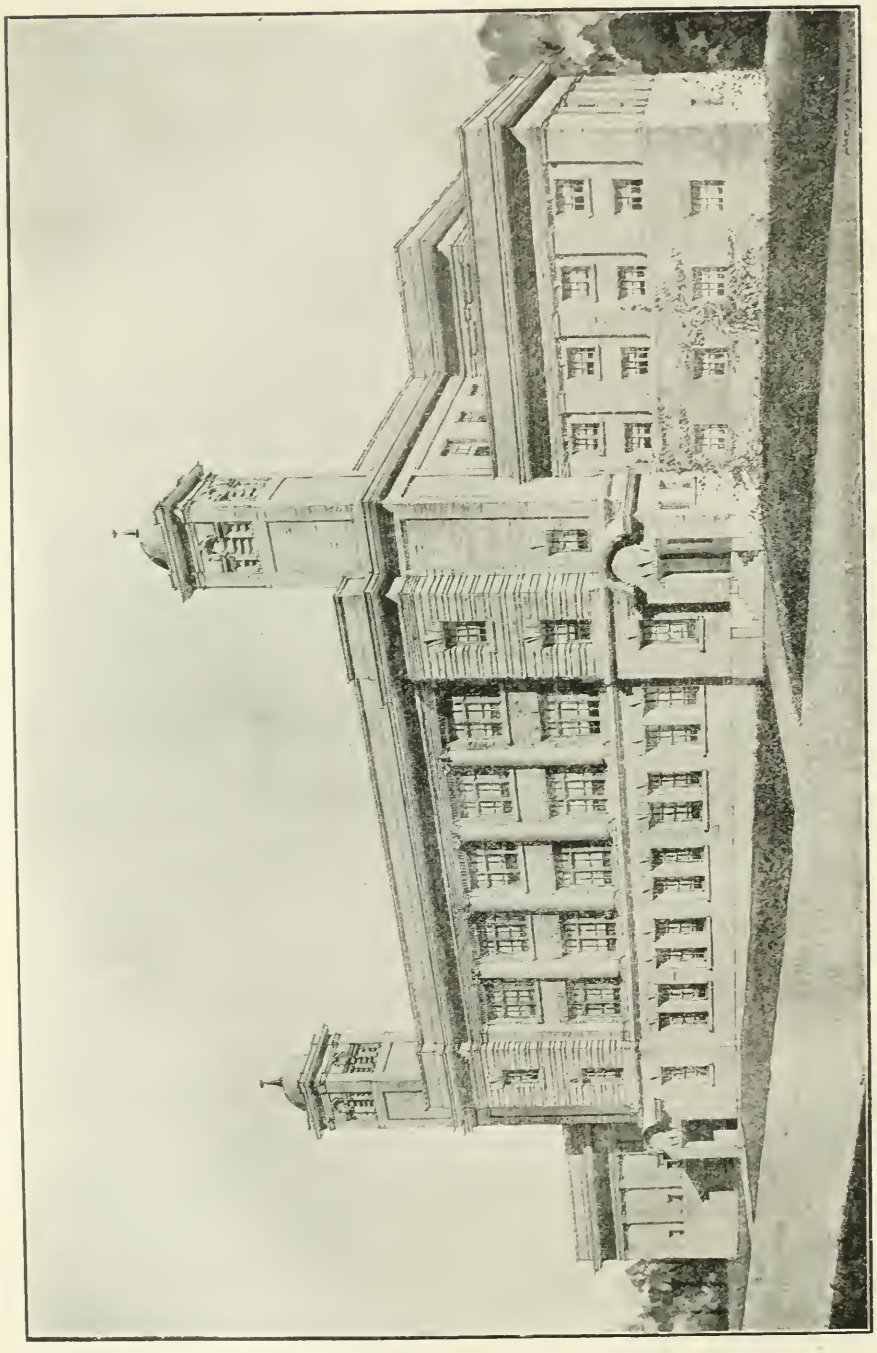
The laboratories are arranged in what has been called the unit system. The unit is a room 30 feet long, by 23 feet wide, with excellent light provided by two very large windows. Each unit is arranged to accommodate 24 students, comfortably seated, and there are no less than 30 of these units in the building.

This building, which cost $125,000, is situated between the University Library and the anatomical wing of the Biological Department.

It is three storeys in height in front, with an additional storey and sub-basement in the wings, which extend eastward. Two large lecture rooms are provided, which flank the main building; the larger has accommodation for about three hundred and fifty students; the smaller for about two hundred students.

In the south wing, in what may be called the basement storey, are situated the caretaker's quarters, lavatories, recreation rooms and reading rooms for the students; in the same storey in the north wing is placed a large museum of hygiene.

The three main floors of the building are arranged upon the unit system. These rooms may be united so as to form large la-



THE NEW MEDICAL BUILDING, TORONTO UNIVERSITY.

THE NEW MEDICAL BUILDING.
GROUND FLOOR PLAN

boratories, or may be cut in two where it is necessary to have smaller rooms.

The south wing is to be occupied by the Arts Department of Physiology, whilst the main portion of the building and the north wing will accommodate the final departments of Medicine.

On the ground floor, in the main portion, are situated in front the Dean's room, a large Faculty room, a lavatory and a library, behind is placed a large pathological museum.

In the north wing on this floor will be placed a chart and preparation room back of the lecture theatre, preparation and store rooms for the pathological museum, and laboratories for gross pathology.

The second and third floors in the same wing and in front will contain the laboratories of pathological histology and bacteriology with rooms for the Professor of Pathology and demonstrators, and unit rooms for small special classes.

In the north wing on the third floor three units will be rented by the Provincial Board of Health for its bacteriological and chemical laboratories.

An interesting feature of the building is the provision which is made for research students by the presence of a series of small rooms in front of the south lecture room, each large enough to accommodate one or two workers.

The ventilation is to be of the most modern type, and each room will be provided with both gas and electric light.

The building is in every way to be thoroughly up to date, and in the extent of window light for the laboratories will probably be unique on this continent.

EDITORIAL NOTES.

Oil of Cedar in Therapeutics.—The essential oil of Cedrus Atlantica or Libanol, as it has been named by Dr. Huertas, is a transparent, very fluid liquid, of a lemon yellow color, agreeable to the taste and smell, and causing when swallowed a slight but not persistent irritation of the throat. It is soluble in oil and ether in all proportions; soluble in 90 per cent. alcohol in the proportion of one to five parts. It is insoluble in glycerine and water. It is slightly antiseptic, and in no way toxic. It is best given in gela-

tine capsules, containing 25-50 centigrams. In general the daily dose for an adult should not exceed 3 grams. Observers have remarked that it is eliminated from the economy almost exclusively of the urinary and respiratory passages. It has been employed by Dr. Gemy, of Algiers, as a substitute for santal oil. His experiments extend over two years, and he declares that not only has libanol proved as useful as santal oil and the other balsamics, but that it enjoys one advantage over them, of never exerting a hurtful influence on the kidneys or the digestive tract. In the doses mentioned (3 grams a day) he has observed a rapid diminution of the pains and purulent discharge in urethritis, so that he has been enabled to commence the permanganate injections after about a week's treatment. The same fact has been observed in cases of cystitis. Dr. Huertas says that in cystitis treated by libanol he has seen the pain disappear after the first doses, the urine clear rapidly and micturition become less frequent. In diseases of the respiratory passages it liquifies and transforms the bronchial secretions, eliminating purulence and malodor, when these latter conditions exist. Libanol appears, therefore, to be particularly indicated in chronic bronchitis and pulmonary tuberculosis. It may be associated with cod liver oil (20 or 30 grams to the litre), and it so masks the disagreeable taste and odor of the latter that it can be taken in summer and winter without intolerance even by persons who have very weak stomachs.

The Phosphates and Fats in Brown Bread.—Analysis of a scientifically made brown bread by Andourd, Paris, shows that its nutritive qualities are superior to those of a high-class white bread:

	Brown Bread.	First Class White Bread.
Proteids	10.25	6.75
Fats	5.02	0.8
Soluble Dextrine	10.61	3.43
Starch	49.75	50.37
Mineral Salts	2.13	0.4
Water	22.24	38.25
	100.00	100.00

The grams 2.13 of mineral salts found by analysis in the brown bread would not be assimilated if they were prepared chemically. They are assimilable, however, owing to their vegetable origin, and, besides, they take on during panary fermentation new and more

active properties, similar to those presented by certain bodies in the nascent state.

The relatively large percentage of fats in brown bread would lead one to think that it might prove heavy and hard to digest; but it is said that the fats contained in it are remarkably easy of digestion owing to the extreme division of the contained fatty molecules. The fats make this bread friable and crumbly, so that it melts in the mouth and is easy to chew.

Armed Expectation in Appendicitis.—From the standpoint of the surgeon, every appendicitis belongs to the domain of surgery. It does not necessarily follow, however, that a surgeon called to see a case of appendicitis should operate immediately. According to his convictions or his appreciation of the case at the moment he sees it, he may pronounce in favor of an intervention, or he may temporize. This might be called an attitude of armed expectation. Dr. Reynier, Paris, who advocates this view, after comparing the statistics of interventionists and abstentionists, shows that the death-rate of the former in appendicitis is much higher than that of the latter. He, therefore, concludes that the rational treatment of appendicitis does not consist of an immediate intervention in every case, but rather inopportunism of a medical character, as long as the disease follows a normal course, but becoming surgical when well-marked indications demand it. His medical treatment of appendicitis is: Rest in bed, abstinence from solid food, opium, injections of serum, and the ice poultice over the abdomen. The ice poultice ought to be removed, night and day, at least every three hours. This treatment should be closely watched by the surgeon, who will be thus in a position to judge of the complications, which necessitate an operation, and to prevent a tragical ending of the case.

Permanganate of Potassium in Tubercular Ulcerations.—Solutions of permanganate of potassium, of varying strengths, are recommended by Dr. Bayaux, Paris, in the treatment of tubercular ulcerations and abscesses. In treating recent fresh ulcerations covered with granulations, he uses a concentrated solution (1-50), which he applies by means of a piece of sterilized gauze. For deep foci, which require vigorous treatment, he uses a solution of the strength of 1-100. In cases of chronic abscess he has employed advantageously solutions of permanganate of potassium

1-500 and 1-1000. These solutions are applied three times a week, but, in the opinion of the author, might be used with still more advantage, if employed every day. In dressing cold abscesses, he uses compresses of sterilized gauze, steeped in a solution of permanganate of potassium of the strength of 1-1000, which have given excellent results in maintaining the aseptic condition of the skin.

Sewage Disposal at Berlin, Ont.—From experimental laboratory work done at Berlin, Ont., by Dr. Amyot, bacteriologist of the P. B. H. during the summer of 1902, the following results were obtained:

Average Raw Sewage.

	Parts per million.
Albuminoid Ammonia	2.017
Free Ammonia	2.542
Oxygen Consumed	49.95

Average Septic Tank Effluent.

Albuminoid Ammonia	1.057
Free Ammonia	2.223
Oxygen Consumed	32.

Best Average of Contact Beds, Using Septic Tanks' Effluent.

Albuminoid Ammonia	.596
Free Ammonia	1.562
Oxygen Consumed	16.43

Dr. Amyot thinks that if the effluent from the contact beds at Berlin were pumped onto suitable land and disposed of by means of intermittent downward filtration, the resulting effluent would then be quite innocuous, and might safely be discharged into a stream. J. J. C.

A Carbolized Poultice.—The flax-seed poultice is not quite abandoned in the treatment of painful lesions, though, owing to the rage for antiseptic dressings in surgery, its use is principally confined to the laity. In a communication addressed to the Therapeutic Society of Paris, Dr. Cammescasse stated that, having to treat a patient who had a contusion and multiple excoriations on one of his legs (with redness, swelling, acute pain, lymphangitis and high fever), he ordered a large flaxseed poultice to be applied to the affected parts. In making the poultice, water containing a small percentage of carbolic acid, 1-200, was used. The patient improved rapidly. He claims to have treated successfully with

the carbolized poultice a case of dermatitis and lymphangitis consecutive to a blister on the heel, and also several other infected injuries of a superficial character.

Urotropin as a Urinary Disinfectant.—After the internal administration of urotropin this substance can always be found in the urine within a short time. Likewise formaldehyde can always be found in acid urine, and the reaction is the more distinct the more pronounced the acidity of the urine. The growth of bacteria is almost entirely prevented, although the bacterium coli exhibits sluggish growth even in the urine containing formaldehyde. At first this failure of growth depends only on inhibition, while the bacteria retain their viability. After prolonged action of the formaldehyde, however, actual destruction of the bacteria takes place. Here again the bacterium coli is the most resistent of the organisms.

PERSONALS.

Dr. W. A. Young returned a week ago, after visiting Detroit, Chicago, and St Louis.

Dr. A. O. Hastings, of Sherbourne Street, made a flying trip to Boston, Mass., last month.

Congratulations to Dr. and Mrs. Clarence L. Starr, of Toronto, on the birth of another heiress.

We are pleased to know that Dr. R. J. Wilson, of Bloor Street West, has quite recovered from his recent attack of typhoid.

Dr. James M. MacCallum, of this city, spent three weeks last month with his nephew at Hamilton, Bermuda, and returned greatly improved in health.

Dr. George Elliott, of John Street, has bought out all title and interest held by the Nesbitt Publishing Co., Limited, in the *Dominion Medical Monthly and Ontario Medical Journal,* and published his first issue on the 15th ultimo. We wish the doctor good luck.

The annual dinner of the staff of this Journal took place at the Arlington Hotel in this city, on January 7th, and was a distinct success. The evening was particularly enjoyable, about 40 sitting down at the table. Music was rendered by Napolitano's orchestra. Over and above the members of the staff, a few outsiders were amongst the guests.

Obituary

DEATH OF DR. A. Y. SCOTT.

Dr. Archibald Young Scott, professor of chemistry and botany at the College of Pharmacy, died at 1.30 a.m. on January 3rd, at his home, 2 Lamport Avenue. His death was due to heart trouble, which followed an attack of typhoid fever, which he suffered two years ago. The Saturday previous, while engaged in conducting a lecture, he was seized with a fainting spell. He was taken home, and from the first his attendant physicians knew that he could not recover.

Dr. Alexander Young Scott was born in Stratford in 1861. He was educated at the University of Toronto, and graduated in natural science in 1882. The same year he was appointed to a position on the staff of Upper Canada College, and while still engaged in teaching he resumed his studies and received his degree in medicine at Trinity University in 1887. After leaving Upper Canada College in 1891 Dr. Scott was appointed professor of botany and chemistry at the College of Pharmacy, and held that position up to the time of his death.

Dr. Scott was probably best known in military circles. He obtained his early training with the old University Company, and in 1885 commanded the left half battalion of C Company, R.R.C.I., in the North-West Rebellion. A few years ago, when the Army Service Corps were organized, Dr. Scott took an active interest in the movement, and was gazetted Major of No. 4 Field Hospital Company. Dr. Scott was also well known to summer residents of Muskoka, where he spent his annual vacations. He was a prominent member of Ashlar Lodge, A.F. & A.M., being a Past Master, and also a member of the Granite Curling Club.

Dr. Scott is survived by his widow and two sons, aged 10 and 12 years. He also leaves a sister living in Rothesay, Scotland, and two brothers, Lawrence, of New York, and William, a private banker at Oshkosh, Wis.

The funeral, which took place on January 5th, was largely attended by medical men, friends of deceased, as also by the members of his regiment, who turned out in full uniform.

The Late Angus C. McDonnell, M.D.—Dr. Angus C. McDonnell, one of the leading physicians of Montreal, died on January 2nd, aged 74. Dr. McDonnell was a son of a former chief factor of the Hudson's Bay Company and Governor of Fort Temiskaming. He was a graduate of Toronto University, and was for twenty years on the consulting staff of the Hotel Dieu.

Death of Dr. H. W. Day.—Dr. Henry W. Day, Registrar of the County of Hastings, died on January 10th, at Belleville, Ont., after an illness of several days' duration. Deceased, who for many years practised his profession at Trenton, was appointed registrar about twelve years ago. He was in the seventy-second year of his age, and was widely known and much respected. In politics he was a Liberal, and he was long prominent in the Masonic Order.

Dr. W. S. McKay's Death.—Dr. W. S. McKay, physician in charge of the hospital at the Superior Lumber Company's camp, was found dead in bed at the camp on St. Ignace Island on the 7th ultimo. The body was brought to Port Arthur and forwarded to Ingersoll, Ont., where his wife and brother live. Dr. McKay had been in that section for a year, devoting his services to lumber camp hospitals. It is supposed that his death was caused by an overdose of morphine. He was 35 years of age.

Of Interest to Coroners.—The cable reported the death of Ellen Gore in Paris from a bullet wound in the eye, and the arrest of the man who was alone with her at the time. The man has since been released on the sole ground that the lids and lashes of the eye penetrated by the bullet were intact. The medical experts, Socquet and Brouardel, testified that there was every probability that the injury was due to an accident, as the victim of an attempt to murder would naturally close the eyelids, or at least they would flutter more or less. The fact that they were intact in this case, they said, indicated that the victim was tranquil at the moment the ball struck her.—*Journal A.M.A.*

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

DELAYS ARE DANGEROUS.

To the Editor of The Canadian Journal of Medicine and Surgery.

Dear Editor,—I would like to ask about our Medical Health Office. I sent a swab taken from a throat (suspected diphtheria) on Saturday afternoon at 3 p.m., and I find then that the office closes at 1 p.m. on Saturday, and nothing can be done till 9 a.m. Monday, and then it will be Tuesday forenoon before I can have a bacteriological report on the case, too long altogether. These things ought to be attended to without any unnecessary delay, and I feel strongly the necessity of having the office open all the time and a competent man in charge to attend properly to such things. It may cost a few hundred dollars per year more, but it would be worth it. I have had the same experience before, and I have no doubt the other medical men in the city are frequently inconvenienced in the same way. Yours,

J. A. Todd.

Nurses' Home.—The capable and energetic ladies who compose the Managing Board of the Toronto Western Hospital, gave a poster show in the basement of Massey Music Hall last month, and netted the handsome sum of $1,000, which is to be devoted to the building of a nurses' residence, of which the hospital is urgently in need.

Hospital of Glass.—It is planned to erect a consumptive hospital near Bayview, Md., for the housing of patients who are suffering with this disease. It is said that conditions at the asylum are really alarming, and that even the physicians who come in contact with inmates express fear of contracting consumption. The scheme is to construct a large hospital of glass and steel. "This," said Comptroller Smith, "will be a great 'hot house' for human beings. It is to be arranged so that the consumptives will be enabled to get fresh air and be shut in when the weather is unfavorable."

Items of Interest.

The First Crematory in Australia is in progress of construction.

The Fifth International Congress of Applied Chemistry will begin its sessions in Berlin, May 31, 1903.

A New Emergency Hospital has been opened in the Fitch Institute, Buffalo. A ward of eight beds is in readiness for the reception of "accident" cases.

Antitoxin in Austria.—By order of the government of Austria, every drug store in that empire must keep diphttheria antitoxin on hand and sell it below cost.

Polk's Medical Register.—The eighth revised edition of this well-known work is now under way, and will appear in due time. Send for descriptive circulars, and do not be deceived by imitators. Polk's Medical Register and Directory has been established sixteen years. R. L. Polk & Co., Publishers, Detroit, Mich.

Western Hospital Nurses.—The following graduates of the Training School for Nurses of the Toronto Western Hospital, have been appointed as lady superintendents or head nurses of the following hospitals: Mrs. Annie Yorks, Orthopedic Hospital, Toronto; Miss Mabel Ireland, Eye and Ear Section, Manhattan Hospital, New York; Miss Annie Inch, Stonega Hospital, Virginia; Miss Estella Gunn, Royal Alexandria Hospital, Fergus; Miss Pauline Ottaway, Aberdeen Hospital, New York.

New Wing for St. Michael's.—St. Michael's Hospital is to have another new wing. For this purpose the two lots adjoining the hospital property on the north side have been purchased. One of the lots was bought some time ago, and the deal for the other, owned by Charles M. Henderson, was closed recently. The houses will be remodelled and used as the maternity ward, which at present occupies space upstairs in the south part of the hospital, which space is needed for additional accommodation in the surgical department. Later, a building will be put up connecting the new maternity ward and the hospital proper. There are about 150 patients in the hospital at present, but recently the number was as high as 170, and patients have had to be turned away because no room could be found for them.

Quarter Million for Hospital.—The London Hospital for Sick Children has received $240,000 from William Waldorf Astor to build a new out-patient department.

Physicians on Mecca Pilgrimage.—The Egyptian government will have pilgrims from that country to Mecca go in a body with an escort of physicians to guard against the bringing back of the plague and to care for the health of the pilgrims on the trip.—*Medical News.*

A Galloping Medical Corps.—Sir Frederick Treves, speaking at Manchester on New Year's Day, indicated a weak spot in the army medical service. This was the absence, he said, of a galloping field outfit to follow a rapidly moving cavalry corps. It was a problem that must be solved, but it would be exceedingly expensive to the country.

Medical Correspondence in America.—Dr. Francis Munch has been sent to this country by the *Semaine Medicale*, of Paris, as special correspondent to write up the "*mouvement actuel de la science medicale*" in the United States. His first letter appears in the issue for December 24, and deals with Boston and Philadelphia, principally devoted to the work in radiotherapy by Williams, Ellis, Sweet and Rust.—*Ex.*

A Further Addition to Our Staff. It is a great pleasure to us to be able to announce to our readers that our staff has had a recent addition made to it in the person of Dr. Campbell Meyers, of Deer Park Sanitarium. Dr. Meyers is too well and favorably known to the Canadian profession to require any introduction, having for years taken a foremost place as a neurologist. The doctor has kindly consented to contribute to our department of Nervous and Mental Diseases, so that our readers may look for the very best material on those subjects from time to time.

A New Physicians' Supply House.—Our readers will notice the advertisement (on page x.) of The Chemists and Surgeons' Supply Co., of 818 Dorchester Street, Montreal. This firm recently opened up an exceedingly handsome store on the most fashionable of Montreal's streets, with a very complete stock of physicians' supplies, college and hospital supplies, including a full line of bacteriological apparatus, clinical thermometers, hypodermic syringes, chemical apparatus, etc., in fact everything required by a physician, surgeon, hospital or college. The company has been fortunate in securing the services of Mr. Chas. L. Walters, who for many years acted as manager of the surgical instrument department of Lyman Sons & Co., of Montreal. The firm have a catalogue in course of preparation, meanwhile a postal card to above address will bring a prompt reply.

In the Journal of the American Medical Association (January 10) is an article entitled, "A Study of Sir James Paget in His Writings," by Helen G. Putnam, A.B., M.D., that is very interesting, especially by those who may have had the pleasure of perusing "The Memoirs of James Paget," edited lately by his son.

Index Medicus.—It has been announced that the trustees of the Carnegie Institute, Washington, will appropriate $10,000 annually for publishing the *Index Medicus*, which ceased to appear several years ago. The annual subscription has been fixed at $5.00. It is understood that Dr. Fletcher, of the Army Medical Museum, will edit the publication.—*Philadelphia Medical Journal.*

The Forbes' Sterilizer.—It will be interesting to note that, so excellent has the Forbes' sterilizer been shown to be in providing large quantities of pure water at such places as factories, public buildings, railroad stations, etc., the Pennsylvania Railroad Co., owners of the greatest length of railroad track in the world, have recently ordered two Forbes' sterilizers for the Union Station, Pittsburg, Pa., each one to have a capacity of 10,000 gallons per day. The reason that this immense corporation has taken this step is because there has been much sickness of an enteric type among the clerks in their employ at Pittsburg. Other filters had been tried, but it was found, on examination of the water after it had passed through them, that it was not by any means as pure as it was claimed it would be, thus accounting for the sickness prevalent. The Forbes' sterilizers are therefore to be used to sterilize the water after it has been clarified by the filtration method.

The Late Mr. John Carnrick, New York.—By the death of Mr. John Carnick, the ranks of the pioneer drug trade in the United States have lost their former leader. He was born in 1837, and at the age of 24 he took up the study of pharmacy in Jersey City, and was among the first to bring out proprietary medicines, together with the manufacturing of drugs for the physicians. Among the first that came from his tutored hands was Lacto-Peptine, followed by Maltine, and later Liquid Peptonoids and Pancrobilin, as well as others not here enumerated, and as these were in line with the present medical inquiry, he still more closely devoted himself to this special pharmaceutical work, selling the general line of the drug business to Park, Davis & Co., so that his time might be given wholly to research. Working along these lines, overcoming the faults of the old and bringing out new facts, which scientific research had brought to him, he developed Protonuclein, Peptenzyme and Trophonine, which have received the world-wide approbation of physicians. About five years ago, feeling the strain of manufacturing, with its untiring demands, he sought other lines and left the business in which he was so long

associated and had become so well known to the profession. The old firm of Reed & Carnrick still retained his name, and by the instillation of new blood have brought to perfection his later products. While the name of John Carnrick is better known to the former generation, the children fed on Lacto Preparata, invalids on Maltine, those in acute diseases saved by Protonuclein, and the dyspeptic cured by Peptenzyme, all unite to praise their author, who, although not known to them, has raised the drug trade to its present high standard.

Rich Men Plan a Lorenz Hospital.—The filing at Albany of an application for papers of incorporation for a charity hospital assures New York City of an institution for the cure of deformities after the Lorenz method. The papers filed recently give the name of the institution as the Lorenz Orthopedic Charity Hospital. Shortly before the first visit of Dr. Lorenz to this city the establishment of a hospital to follow his treatment was suggested to Dr. Sylvester by W. S. Brewer. Dr. Sylvester was at one time assistant professor at the Post-Graduate Hospital, and his specialty was congenital deformities. Both Mr. Brewer and Dr. Sylvester saw Dr. Lorenz at work while he was in this city. The number of unfortunates brought to light during the great surgeon's visit gave proof of the need of an institution for the treatment of such cases. When the institution has been incorporated a meeting of the incorporators will be held and definite plans for the hospital will be made public. Dr. Lorenz will be consulted as to the appointments for the hospital. Temporary quarters will be procured and the work will be started at once. Many wealthy men are interested in the work, and have assured the incorporators of their financial aid. Several prominent physicians have volunteered their services.

Scientific Accuracy in the Lay Press.—What sort of paper does a physician want in his house? Not one whose columns are at the service of every charlatan who is clever enough to exploit himself through the ignorance—or worse—of its editors and proprietors, which is filled with pseudo-scientific tales of impossible operations and sensational "discoveries" that make the judicious grieve. In a time when the lay reporter is the butt of the jokes of the medical press, the *Tribune Review* is quoted with respect by medical journals, and the accuracy of its editorial statements on scientific matters is attested by so high an authority as Lord Kelvin; while Professor W. T. Spillman, the discoverer of Mendel's law, says that "the reason the *Tribune* is quoted so widely, and especially on scientific subjects, is that it is invariably so accurate." The *Review* gathers and sifts for you every week the world's history, and serves it up with lucid comment. That publication, for the subscription price of $1 a year, places at your

service the trained abilities of the corps of correspondents (in this and foreign countries), editorial writers, literary, musical, art and dramatic critics, who co-operate in the making of a great metropolitan daily paper, which would cost you $10 a year if you had it delivered to you every morning. The *Review* is an educational paper in the best sense. Not only are its general features such as to make it an admirable adjunct in the formation of character and opinion, but it contains special features of interest to parents and teachers. For example, a series of articles entitled "Careers for Young Americans" is now running in its pages, including the following papers: "Railroading," by George H. Daniels, general passenger agent of the New York Central Railroad; "Journalism," by St. Clair McKelway, editor of the *Brooklyn Eagle;* "The Stage," by A. M. Palmer; "Architecture," by Thomas Hastings, of Carrere & Hastings; "Engineering," by a prominent engineer; "Medicine," by Dr. D. B. St. John Roosa, president of the Post-Graduate Hospital, New York City.

Enno Sander Prize, 1902-1903.—The essayist securing first place will receive a gold medal of the value of one hundred dollars. The essayist securing first honorable mention will receive a life membership in the Association, of the value of fifty dollars. Subject for 1902-1903, "The Differential Diagnosis of Typhoid Fever in its Earliest Stages." Conditions of the competition: (1) Competition is open to all persons eligible to active or associate membership in the Association of Military Surgeons of the United States. (2) The prize will be awarded upon the recommendation of a Board of Award, selected by the Executive Committee. The Board will determine upon the essay to which the prize shall be awarded, and will also recommend such of the other papers submitted as it may see fit for honorable mention, the author of the first of which shall receive a life membership in the Association. (3) In fixing the precedence of the essays submitted the Board will take into consideration primarily—originality, comprehensiveness and the practicability and utility of the opinions advanced, and secondarily—literary character. (4) Essays will consist of not less than ten thousand nor more than twenty thousand words, exclusive of tables. (5) Each competitor will send three typewritten copies of his essay in a sealed envelope to the Secretary of the Association, so as to reach that officer at least one month before the next ensuing annual meeting. (6) The essay shall contain nothing to indicate the identity of the author. Each one, however, will be authenticated by a non de plume, a copy of which shall, at the same time as the essay, be transmitted to the Secretary in a sealed envelope together with the author's name, rank and address. (7) The envelope containing the name of the successful competitor will be publicly opened at the next succeeding annual meeting of

the Association and the prize thereupon awarded. (8) The successful essay becomes the property of the Association of Military Surgeons of the United States, and will appear in its publications. Board of Award—Brigadier General Austin Flint, New York; Colonel Calvin De Witt, U.S. Army; Lieutenant Colonel Victor C. Vaughan, U.S. Vols. Robert Allen Blood, President; James Evelyn Pilcher, Secretary, Carlisle, Pennsylvania.

Toronto School of Physical Culture.—Among the successes of the past season we may count the Toronto School of Physical Culture and Expression opened in September last. There are already a sufficient number of pupils to impart to the classes that essence of competition which is as helpful in the gymnasium as in all other phases of education. In addition to the regular gymnasium classes this school has been entrusted with the department of physical culture at "Glen Mawr" (Miss Veal's School), the Loretto Convent, also with fencing and elocution at S. Monica's and the Presbyterian Ladies' College respectively. From a medical standpoint we are pleased to note that the directors recognize the importance of graduating the exercises to the individual pupil rather than expecting each pupil to conform to set exercises. The only possible objection to physical culture has, no doubt, arisen from ignoring this principle in the past. While the full course is beneficial to the majority yet there are those who can only safely take the lighter forms of exercise. The value of physical culture is greatly enhanced by healthful conditions, and in this respect the Toronto School has great advantages; situated in a healthful residential part of the city, the rooms are spacious and light, having a floor space of over 2,000 square feet and air capacity of 26,000 cubic feet, also well appointed dressing-rooms and shower bath. The fencing classes are proving a very attractive feature and give promise of enlisting a large number of pupils in New Year. Satisfactory progress is also being made in the elocution department, the correct use of voice receiving careful attention. Those of our readers who have not seen the gymnasium and its work are cordially invited to visit the rooms, Simpson Hall, 736 Yonge Street, any time after January 8th, when regular work will be resumed. We understand that the Saturday morning classes, at 10 o'clock, will be attractive to visitors.

Woman Surgeon on Ambulance Duty.—A woman has broken down the barrier and undertaken to do a man's work in another of the occupations for which it has been believed the nerve and brawn of a man were needed. A woman ambulance surgeon, the first of her sex, is to take her place where none of the skirted sex has ever been, and go on break-neck drives to scenes of death and disaster. On New Year's morning, in New York City, at 8

o'clock, Miss Emily Dunning, M.D., began a two-years' term as interne and ambulance surgeon at Gouverneur Hospital. After an appointment had been denied her once by the Board of Charities, in spite of gaining the highest place on the competitive list, Miss Dunning's daring triumphed. Again she passed the required examination, and recently she secured the coveted appointment. She at once took her place with the other internes in the accident wards and the operating room. She is required to do the full duties of her fellow-workers of the stronger sex, and attend all kinds of cases, running the gamut from persons in the throes of death by poison to the mangled victims of a boiler explosion. It will be six months before Miss Dunning will be sent out on the ambulance, and it is this feature of the hospital work which will be her greatest difficulty. "I know I'll have to go out on all kinds of calls," said Dr. Dunning, "but I've made up my mind that I can do it, and I'm going to." The first woman ambulance surgeon is attractive of face and frail of figure. She would not discuss the unusual occupation she had undertaken, nor say why she persisted in seeking the appointment. "I realize that I will be forced to experience many things that most women would struggle to avoid, but the valuable experience will repay me for all unpleasantness," she said. "Of course, I'll have to wear one of those lettered surgeon's caps. A creation in millinery would hardly look well after tearing along for a score of blocks on an ambulance." The district covered by the Gouverneur ambulance service, comprising as it does the greater portion of the crowded Ghetto and water-front section of the lower east side, is probably the most difficult in the city for a woman to work in. Surely, for a time at least, it will be a rare sight to see Ambulance Surgeon Dunning tear up to the scene of an accident, tampon a gaping wound in some victim, sling one end of the litter into the ambulance and leap to her seat in the rear as the vehicle dashes away. Then, too, Miss Dunning will have to learn to ignore her skirts and be able to swing herself into her seat just as an artilleryman vaults into his seat on the caisson and pivots about into place. Miss Dunning does not believe she will have any trouble or lack the necessary nerve to hang to her place on the rear seat while the ambulance, going at galloping speed, rocks and sways, slides from curb to curb and hurls around corners.

The Late Dr. Nunan's Residence, Guelph, for Sale.—We call attention to the advertisement on page xlii. of this issue of the estate of the late Dr. Nunan, Guelph, Ont. The doctor's residence is for sale at a great sacrifice, and, as the goodwill of the practice will go to the purchaser, should prove a splendid investment for any medical man desiring to secure an established practice in a growing town. Communications should be addressed at once to Jas. E. Day, Guelph, Ont.

The Physician's Library.

BOOK REVIEWS.

Year Book of American Health Resorts. By Ezra H. Stafford, M.B.

The author of this useful and descriptive book, Dr. E. Hurlburt Stafford, is well known as a literary man throughout Canada, and although he has met with success, yet owing to a not very robust constitution, coupled with a love of travel, he is also somewhat of a globe-trotter, consequently he knows his climatology not only theoretically but experimentally. The medical utility of climate in the preservation of health and cure of disease is well known, and in some cases offers the only means of prolonging life. A suitable change of climate produces a sense of exhilaration, with sharpened faculties and renewed vigor. The resisting power by which one is able to throw off disease is repaired, and the recuperation of the exhausted faculties manifests itself in increased power of application and endurance. As a form of treatment, preventive or curative, it is not necessarily more expensive than routine medication at home; and often gives more permanent results, besides being more agreeable for the patient. The North American continent and its islands present every known diversity of climate to be found on the globe; and during recent years the number of health resorts has multiplied to an unprecedented extent. On the part of the public, also, who have long been familiar with the nature and possibilities of foreign resorts, there has been a corresponding demand for accurate data and practical information regarding the resorts at home. The present literature of the subject, though not scanty in substance, is somewhat limited in range, and consists chiefly of books and pamphlets, emanating from interested sources for the exploitation of particular resorts or tours, and too scattered and ephemeral for immediate reference or authentic information. Dr. E. H. Stafford's comprehensive work, now in press, on the "Medical Climatology and Health Resorts of North America," will hence prove opportune, and will be received with interest. While devoting the necessary space to the purely scientific aspect, the book also contains in convenient form all the practical information and lesser details required by the health seeker. It embraces (1st) the general principles of medi-

cal climatology, and the relations of climate to health and disease. (2nd) A classification of the phases of climate to be found in the various regions of North America, with the therapeutic significance of each, and (3rd) a description of the chief health resorts and spas of the United States, Canada, Mexico, Central America and the West Indies, arranged in groups, according to class and medical utility. The treatment of the subject is lucid throughout, and will greatly simplify the question for the general reader, besides rendering the volume of assistance to the physician, who is daily consulted for medical advice in questions of the sort. The work is not a compilation in the remotest sense, but is based upon the independent study and personal research of the writer, the materials having been gathered during the past ten years, after much painstaking enquiry and investigation. By compact arrangement, and the exclusion of all that is not essential, the matter has been compressed within the convenient limits of a handbook. The addition of illustrations, maps, charts and tables contribute to the attractiveness of the volume, which is an octavo of about six hundred pages, and gotten up in the best taste. The price of this book is to be $2.00, but advance Canadian subscribers will be furnished with it for the small sum of one dollar. W. A. Y.

History of Medicine. A brief outline of Medical History and Sects of Physicians from the Earliest Historic Period, with an extended Account of the New Schools of the Healing Art in the Nineteenth Century, and especially of the American Eclectic Practice of Medicine, never before published. By Alexander Wilder, M.D. $2.75. New Sharon, Maine: The New England Eclectic Publishing Co.

About one-third of the present volume is devoted to the "Sects" of physicians from the earliest historic period, including Galen, Avicenna, Boerhaave. The remainder is devoted to the modern "schools" of medical thought, including the enterprises of Hahnemann and similar luminaries; with the career of American Eclectic practice in full. The work is not so much a history of medicine as a brief for the sect mentioned; and the reader who does not regard American Eclecticism with emotion will not be particularly interested. Viewed from the historical standpoint, it has no place whatever, as there is no sense of proportion, no breadth of treatment, no historic insight. The spirit is entirely partisan, and the pages abound in sympathies and foreshortenings. There is much also of the martyrdoms of the earlier practitioners of American Eclectic Medicine. Though not possessed of formal academic education, these were men, it is shown, who had a special gift, and were inspired with extraordinary powers of intuition; qualifications, of course, which are far superior to mere learning, and ought to be recognized by licensing bodies. For some time, it

seems, these qualifications were not in fact so recognized; but the way that has since been made so easy in America for the osteopathist and other apostles of advanced medical philosophy was eventually made easy for the Eclectics; and now, freed at last from all the distressing trammels of legal restrictions, they read their herbalists and "live in history." E. H. S.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to Students and Practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U.S.A., with the collaboration of John B. Murphy, M.D., Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Laudat, M.D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh, and John Harold, M.D., London, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Volume III. Twelfth Series. 1902. Philadelphia: J. B. Lippincott Company. Canadian Agent: Chas. Roberts, 593a Cadieux Street, Montreal. 1902.

This is the third volume of this series, and contains many valuable articles. It is difficult and unfair in the main to single out and comment upon any one particular article, where they may all be said to be of such value, but this volume does contain one or two unusual articles to which particular attention might be called. Amongst these might be mentioned an article on the Treatment of Morphinism, one on the Urticarias, while "Remarks on some Effects of Fire Arms at Short Range—with Experimental Illustrations," will be found very interesting to the medical jurist. A very exhaustive article, entitled, "A Critical Study of the Theory of Inflammation," will be read by many with interest. The author handles the subject from a practical standpoint in a manner which cannot help but impress his readers.

The Treatment of Fractures. By W. L. Estes, A.M., M.D., Director and Physician and Surgeon-in-Chief of St. Luke's Hospital, South Bethlehem, Pa. New York: The International Journal of Surgery Company, Medical Publishers, 100 William Street.

The author of this valuable little book, after some excellent hints as to first aid, and many good and useful directions calculated to make the reader think and see the reasons for certain

procedures, takes up and discusses the treatment of the fractures of the bones in the different regions in detail. The writer does not advocate the early use of massage, but follows closely the routine laid down by John Hilton, of Grey's Hospital, when he said, "functional rest is necessary to secure good union." Common sense and ingenuity on the part of the surgeon are advocated in all cases.

A most important chapter deals with Fractures of the Vertebræ, and goes fully into the question of advisability or nonadvisability of operation. The plates are not a strong feature of the book, as usual; X-ray views do not show up in a very satisfactory or instructive manner. The latter part of the book is devoted to the consideration of compound and "complicated" fractures, and in the discussion of fractures of the skull, the question of operation or no operation is fully dealt with. Altogether the book is one that every general practitioner, as well as every surgeon, should have in his library. A. J. J.

Lessons and Laboratory Exercises in Bacteriology. An outline of technical methods introductory to the systematic study and identification of Bacteria, arranged for the use of students. By Allen J. Smith, M.D., Professor of Pathology in the University of Texas, Galveston. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902.

With the present rush of work and time limited, we welcome with open arms anything in the direction of systematizing. This is the main object of these eighty-three exercises, with their various experiments and useful hints as to technique. We believe the author has made these exercises embody the more important points which clinical study demands, thus outlining a course of practical study. From his arrangement of working out the identification of unknown species, and inquiry as to the important cultural characteristics of known bacteria, we perceive that he has borne in mind the excellent features of Chester's Determinative Bacteriology, and we find many capital illustrations from the above work. Another feature of Dr. Allen J. Smith's publication which commends itself to laboratory workers is an arrangement of blank pages for notes of the outcome of experiments and of special technique, etc. As an attempt toward fixation of systematic procedure in class work, we consider this small book a decided success. W. H. P.

Practical Obstetrics—A Text-Book for Practitioners and Students. By Edward Reynolds, M.D., and Franklin S. Newell, M.D. Philadelphia and New York: Lea Bros. & Co.

What we don't know about the practice of obstetrics would well-nigh fill a book. It looks as if the authors had endeavored

to put all such in the excellent volume before us. The stereotyped description of the anatomy of the pelvic and genital organs, development of the ovum and of the embryo and fœtus of course fills the first few chapters. In the "Diagnosis of Pregnancy" we are glad to notice a good many excuses are made for these of us who make mistakes. A plate of the breasts of pregnant women of varied complexions is, to our mind, rather poor.

One can't help but wonder when pelvimetry, so diagnostically described as essential in every case, will become the general rule among general practitioners—for his lot is becoming more and more complex—a school-bag will no longer suffice in which to carry his kit and "new baby" to the expectant mother—soon he must have a small "steamer trunk" built to fit under the seat of his "gig" to enable him to carry all the paraphernalia necessary to a modern, up-to-date delivery: in fact, he may yet require a specially prepared "delivery wagon."

The management of natural labor is very well put, indeed, though on a few matters of detail we think we might give the authors "pointers." In the forceps operations we could not but wonder if they continue to recommend the dorsal position, or whether they have adopted the new modern and convenient lateral position.

The pictures in the book we take to represent the authors, and we trust they are good likenesses. The publishers are to be congratulated on the book-making. S.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., assisted by H. R. M. Landis, M.D. Vol. IV., December, 1902. Diseases of the Digestive Tract and Allied Organs, Liver, Pancreas and Peritoneum, Anesthetics, Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopedics, Genito-Urinary Diseases, Diseases of the Kidneys, Physiology, Hygiene, Practical Therapeutic Referendum. Philadelphia and New York: Lea Bros. & Co. 1902.

The contents of Volume IV. are: Diseases of the digestive tract and allied organs, the liver, pancreas and peritoneum, by Max Einhorn, M.D. Anesthetics, fractures, dislocations, amputations, surgery of the extremities and orthopedics, by Joseph C. Bloodgood, M.D. Genito-urinary diseases, by William T. Belfield, M.D. Diseases of the kidneys, by John Rose Bradford, M.D., F.R.C.P. Physiology, by Albert P. Brubaker, M.D. Hygiene, by Charles Harrington, M.D. Practical Therapeutic Referendum, by E. Q. Thornton, M.D. This December volume is full of valuable observations respecting discoveries and advances in the different de-

partments of medicine and surgery. Editorially we allude in this number to the fact that Dr. Max Einhorn seems to have coined a new word, but we expect that Dorland will have to incorporate the find in the next edition of his illustrated dictionary. J. J. C.

Biological Laboratory Methods. By P. H. Mell, Ph.D. Director of Alabama Experiment Station, Professor of Geology and Botany, Alabama Polytechnic Institute. New York: The Macmillan Company. London: Macmillan & Co., Limited. 1902.

We would suggest a careful perusal of this text-book by all biological workers who are starting off on their voyage of discovery in the laboratory, for it is calculated to develop their powers of observation and will tell them the what, where, and how, of microscopical work. The book deals, firstly, with the instruments and apparatus, with their accessories, that are usually found in every well-appointed laboratory, their construction, their mode of use, etc. The author then takes up the preparation of tissues from the beginning to the final stage. The sections devoted to the interesting department of photo-micrographs are especially full and clear. Many very useful and up-to-date formulæ and tables are appended.

The work is not too voluminous or elaborate, but the discussions have been conducted just far enough to enable the student to build a good solid foundation and to be an incentive to further investigation.

The illustrations have been generously distributed and the work as a whole well gotten up by the renowned publishers, The Macmillan Company, Limited, George N. Morang and Company, Limited, Toronto, being their sole agents in Canada.

Obstetrical Nursing for Nurses and Students. By Henry Enos Tuley, M.D., Louisville, Ky., Professor of Obstetrics, Kentucky University, Medical Department; Visiting Obstetrician to the John N. Norton Memorial Infirmary, Louisville City Hospital and the Home for Friendless Women, etc. Pages, 202. Price, cloth, $1.00 net. Chicago: G. P. Engelhard & Company. 1902.

The general text books on midwifery are not suitable for nurses, and we are glad to see a book on this subject written especially for their use. After a short account of the anatomy of the pelvis and generative organs and rudiments of Embryology, the practical work of the nurse is taken up. The care of the pregnant woman, Labor Sepsis, the Puerperum, Infant Feeding, Signs and Duration of Pregnancy, Operative Obstetrics and advice to mothers constitute the body of the work. Although containing only 202 pages, there are 55 good clear illustrations. W. J. W.

Diseases of the Eye.—A handbook of ophthalmic practice for students and practitioners. By G. L. DeSchwenutz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania. Fourth Edition. Philadelphia: W. B. Saunders & Company. Canadian Agents: J. A. Carveth & Co., Toronto. 1902.

This standard text-book appears in improved form, on better paper and with better type. It has been brought up to date by the addition of paragraphs on many new subjects, notably Metastatic Gonorrheal Conjunctivitis, Relapsing Traumatic Bullous Keratitis, Keratitis Annularis et Disciformis, Ophthalmoscopic Signs of General Arterio-schlerosis, Recurring Oculi Motor Paralysis, Educative Treatment of Strabismus, Aconi Dionin, Supra-renal Capsule. DeSchwenutz will be found by the practitioner to be a reliable and satisfying book of reference, handy and compact, with perhaps too little personality in it, but certainly a trustworthy guide as to accepted ophthalmic practice. J. M.

Diseases of the Skin. A Manual for Students and Practitioners. By Alfred Schalek, M.D. Instructor of Dermatology, Genito-Urinary and Venereal Diseases, Rush Medical College, Chicago, Ill. Illustrated with thirty-four engravings. Philadelphia and New York: Lea Brothers & Co.

This little volume sets forth clearly and accurately the cardinal facts of dermatology as they are understood by the best authorities of the present day. It is not an exhaustive text-book, but is a condensed summary of this subject compressed into a book containing a little over two hundred pages. A. E.

Webster's International Dictionary, 1902.

It is pleasing to the eye, as well as satisfying to the mind, to open this massive yet compact volume, for its 4,000 illustrations dispense information even more rapidly than the most accurate definitions. As the publishers, G. & C. Merriam, state, "It is neither a library nor an encyclopedia but it is a dictionary designed to meet the everyday needs of all who write or speak the English tongue." The little word ALL in this instance holds the kernel of it. How many there are! How various their needs! Yet all may drink at this fountain and be refreshed. J. J. C.

Where and How to Amputate. By Lowell E. Jepson, M.S., Minneapolis, Minn.

This pamphlet is worthy of perusal, being thoroughly practical and scientific, and written by one who evidently "knows what he is talking about," which is more than can be said of many others.

BUFFALO LITHIA WATER AS A SOLVENT.

BY J. SIMONIDES GRANT, M.D., NEW YORK.

Only such natural waters as possess therapeutic properties far above the ordinary break the bound of local environment and find their way into the outer world. And the extent to which such spread or popularity may go is a fair standard by which to gauge the therapeutic merits of a natural mineral water.

Measured by this standard, Buffalo lithia water is far ahead of all other medicinal waters in the estimation of the medical profession. Not only is it known and prescribed by many physicians throughout all the Americas, but it is also used in many foreign countries. Buffalo lithia water was first brought to my notice by Dr. J. S. Todd, Professor of Materia Medica and Therapeutics in the Atlanta Medical College, in consultation in a severe case of pneumonia. Professor Todd suggested milk and Buffalo lithia water, equal parts, alternated with equal parts of whiskey and Buffalo lithia water, every hour or two, *pro re nata*. I adopted his treatment with the most gratifying results and it has been to a great extent a regular routine with me ever since. Under this treatment I always find a decided lessening of the febrile movement, which I attribute to the pronounced solvent influence of the Buffalo lithia water on the kidneys. It undoubtedly stimulates these organs and increases their power of eliminating toxic elements from the blood.

In acute albuminuria of pregnancy experience has taught me to regard the solvent properties of Buffalo lithia water as a specific. It is my practice to guard my patients against this too frequent complication in pregnancy by a timely use of this water. I have them drink it freely from the beginning of the sixth or seventh month to its conclusion. This treatment, with proper regulation of diet and proper hygiene, insures a safe and easy delivery and leaves the patients in proper condition to meet all the requirements of motherhood.

If, however, the albuminuria be pronounced and persistent, as is frequently the case when I am called in the last few weeks of pregnancy, I push the Buffalo lithia water to the limit, allowing my patient as much of it as she can take without positive discomfort. Its solvent properties rapidly eliminate the urea and other morbid elements from the blood, and relieves vomiting and other symptoms of gastro-intestinal disturbances. There is also a rapid

diminution of the intensity of renal inflammation, a promotion of resolution and restoration of the secretory functions.

In severer cases, where there are pronounced symptoms of uremic poisoning, coma or eclampsia, the intra-venous administration of Buffalo lithia water, with sodium chloride added, will frequently save the life of the patient, even when all other remedies and measures have failed.

And this reminds us that Buffalo lithia water, on account of its absolute purity and smoothness, is a most desirable menstrum for the intra-venous administration of saline or normal salt solutions wherever and whenever indicated or necessary.

The therapeutic value of Buffalo lithia water in so-called skin diseases cannot be over-estimated. I say "so-called" because I regard this class of ailments as symptoms rather than diseases. They are usually indications of defective metabolism, or functional derangements of certain vital organs. This statement is supported by no less an authority than one of our most famous dermatologists, Prof. Geo. Henry Fox, who says that this class of ailments belongs to the domain of the general practitioner.

But it is in that class of skin lesions, such as the eczemas, acnes, erythemis, etc., due to an uric acid diathesis that I have found the solvent properties of Buffalo lithia water of the greatest value. That it neutralizes and eliminates this acid all physicians who have used it and carefully noted its results (by urinary tests, etc.) are agreed. And it is logical to suppose that this result is largely due to the fact that by its solvent power this water materially increases the metabolic forces, and prevents the contributary or prime cause in skin lesions. In other words, Buffalo lithia water not only removes the cause in this class of ailments, but it also eliminates (through the kidneys and other excretory organs) the debris or toxines which are invariably present.

The same theory applies to the therapeutic solvent effects of Buffalo lithia water in rheumatism, gout; the former supposed to be due to an excess of uric acid, the latter to too much lactic acid. The extraordinary value of this water in both these affections is attested by a large majority of cures, after other methods had failed. Buffalo lithia water also gives most excellent results in neurasthenia or nervous prostration, more especially when that condition is due to mental strain or over-work.

In diseases of the alimentary tract, such as gastritis, acute and chronic, intestinal indigestion, colitis, etc., Buffalo lithia water gives much satisfaction. It prevents the formation of noxious gases and inhibits the development of toxic organism.

I have also found it equally effective in diseases of the urinary bladder and its mucous-lined connections. The great solvent properties of Buffalo lithia water prevents the formation of renal or

urinary calculi, and also greatly facilitates their disintegration and expulsion if already formed.

Its solvent and eliminating properties seem to be due to the peculiar combination of the lithium and other alkaline carbonates which it contains, making Buffalo lithia water the most powerful solvent of uric acid of which we have any knowledge.

Not only is uric acid the nucleus of such formations, but it also enters largely into the various layers of their superstructure, a fact which accounts for the rapid solution, breaking up, disintegration and elimination of such formations under the administration of Buffalo lithia water. In like manner this water seems to dissolve and eliminate the lacto-phosphatic deposits peculiar to gout.

The tonic and solvent effects of Buffalo lithia water seem to be due to the fact that its composition is approximately that of the serum of the blood (Shoemaker), therefore it becomes at once identical with the blood, and is more easily assimilated.

In conclusion, I desire to impress upon those who have failed to obtain satisfactory results from the employment of Buffalo lithia water, and those who have not given it a trial in practice, one important fact, and that is, that the water must be taken regularly and systematically and for a reasonable length of time to insure its full effect and obtain the best results.

In chronic conditions of long standing the metamorphosis has, as a rule, been slow and extended over a considerable period, therefore it stands to reason that Buffalo lithia water must be taken for a corresponding period to secure its full therapeutic effects.

January "Cosmopolitan."—Several years ago a suggestion was made to President Eliot of Harvard that, inasmuch as the first thing a young man ordinarily did on graduating from college was to choose his life-work, it was important that each student should have presented to him a thorough discussion as to the advantages, disadvantages and temptations of each of the leading professions, so that in determining his life-work he might act with the fullest knowledge attainable. *The Cosmopolitan* has begun this discussion in its January issue by taking up the legal profession. Besides pointing out what the young man has to encounter in entering upon a lawyer's career, *The Cosmopolitan* considers at length the revolution which has taken place in the legal profession because of the reorganization of business in great aggregations like the U. S. Steel Corporation, and modern business instruments, such as trust companies, title and guarantee companies, and fidelity insurance companies.

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THE SANATORIUM—ITS IMPORTANCE IN THE CRUSADE AGAINST TUBERCULOSIS.*

BY J. H. ELLIOTT, M.B.,

Physician-in-Charge Muskoka Cottage Sanatorium, Gravenhurst, Ont.

It was with a considerable degree of pleasure that I accepted the invitation of this Association to read a paper on one of the phases of sanatorium work. To one who lives in a sanatorium, whose whole time is spent amongst cases of pulmonary tuberculosis, there is no more pleasant task than that of endeavoring to instil in both the profession and the public some of the enthusiasm which comes from seeing each year so many consumptives, who left their homes sick and suffering, returning practically well, to again take up the battle of life. I feel it indeed an honor that you have invited me from Canada to present this paper, when you have in your republic a number of excellent sanatoria, and in charge of them men of the highest standing, both amongst the profession at large and amongst their co-workers. I wish to thank you for having so kindly asked me to speak to you to-day, and I hope that something of what I may say will be of interest to you.

In tuberculosis we have a most insidious disease, and one which presents itself in a multitude of forms. Carrying off as it does millions of our fellow-men each year, we cannot but feel that we are coming short of our duty if we do not, as physicians and sanitarians, press home to our municipalities, our states and provinces, that modern science has fully demonstrated its curability, the possibility of its prevention, and entire eradication. Since Koch's discovery in 1882 of the tubercle bacillus, and his able de-

*Read at the Annual Meeting of the Minnesota State Sanitary Association, St. Paul, Minn., Dec. 17, 18, 1902.

monstration of its causative relation to pulmonary tuberculosis, our attitude towards this disease, which had been looked upon as hereditary, has gradually changed. We now realize that it is not hereditary, but is a communicable disease, and that where there are several cases in one family it is usually not difficult to trace the infection of one from another. Many are more or less continually exposed to infection, and we cannot overlook the fact that all who are exposed do not contract the disease. A predisposition to the disease may be inherited, so that should there be exposure an infection would occur more readily than in one who had not the predisposition.

In the matter of prophylaxis we must consider two individuals, first the tuberculized patient, who is the source of infection, and second, the person exposed to infection through the carelessness or ignorance of the first. Though we should do everything in our power to prevent the patient being a source of infection, through educative measures and strict precautions, we must not neglect what is also important, the improvement of the general health, and with this, the resisting powers of the exposed individual, and thus minimize his chances of infection. Koch, having so ably demonstrated to us the cause of the disease, and knowing the sputum is the one great source of danger, we are in a position to say how the disease may be prevented, and were we in a position to carry out the necessary steps not many years would elapse before the disease would be eradicated, or at least be as rare as typhus and leprosy, which have been kept under control by sanitary and other measures.

Though we know the specific cause, medical science has not yet demonstrated to us a specific treatment for the disease, but in spite of this we have of recent years realized that the disease is eminently curable, especially if treated early. Numerous writers have shown us from post-mortem findings that there is no lack of proof as to the curability of the disease, while there are few physicians of the present day who cannot point out at least one case in practice of arrested or healed pulmonary tuberculosis. Twenty or thirty years ago a case was looked upon as inevitably fatal, to-day we can give many patients a favorable prognosis.

No method of treatment of pulmonary tuberculosis has given such universally satisfactory results as that adopted in sanatoria devoted to the treatment of this disease, and it is this treatment which I shall attempt to outline to you.

May I make a momentary digression to clear any confusion which may exist in your minds in the use of the two words sanatorium and sanitarium. They are often used synonymously, but wrongly so. The word *sanatorium* has its origin in the Latin verb *sanare,* to heal, to cure, and is properly restricted to an institution where treatment is undertaken. The word *sanitarium* is

from the substantive *sanitas*, health, and should be used of any healthy district, or of a resort of convalescent patients, for example, the Adirondacks, Colorado, or the foothills of our Canadian Rockies. The confusion is being added to by some institutions, which, having adopted the name sanitarium, find it more convenient to retain it than to make the change which they recognize should be made.

First, a few words regarding the sanatorium itself, and its situation. Circumstances must of necessity have a great influence on the character of the building, its location and its surroundings. The site is preferably on a slope, facing southerly or south-westerly, with shelter from prevailing winds by hills or well-wooded lands, which rise above the buildings. Protection from the north and north-west winds is especially sought for where there is a prolonged winter, while a wind break from the raw east winds is also desirable. The subsoil should be porous, so that there is good drainage. It is, of course, necessary for the treatment of early and curable cases that the sanatorium be far from the impure air of a city, or of any manufacturing centre. Freedom from dust, smoke, and all irritative and infective organisms, is a prime requisite for healing of the lungs to ensue; heretofore climate has been looked upon as playing an important part in the treatment of pulmonary tuberculosis, but we are beginning to realize that there is no special climate for such cases. That climate is not a necessary factor has been ably demonstrated by Dr. V. Y. Bowditch, of Boston, who has for eleven years been treating poor consumptives in his sanatorium at Sharon, where, in the low, damp climate of New England, not far removed from the coast, he has been able to secure results fully equal to those obtained in what we have been inclined to consider more favorable climates. Many sanatoriums in Germany and England are placed in parts of the country which are subject to frequent fogs, and where the relative humidity is usually high, but in spite of these drawbacks a satisfactory percentage of all patients is sent home either well or nearly so.

I would not be understood to advocate that a sanatorium might be placed anywhere, irrespective of meteorological or other conditions. To secure the best results, the sanatorium should be where the patient will be most comfortable, and where, with a maximum of sunshine, he can spend the greatest number of hours daily out of doors.

A change of climate is often of great benefit to a patient, and this factor alone would suggest that a sanatorium be at some distance from the patient's home. "I have previously expressed myself in this matter, "Wherever a patient be treated, we must recognize as essentials a pure air, free from dust and organisms, a liberal diet and a life regulated in all its details, with rest or

exercise dependent upon the patient's condition. Where these essentials can be secured, with, in addition, such climatic desiderata as abundance of sunshine and atmospheric conditions allowing constant living out of doors, we have a place well suited for the purpose in view.* Or, as Knopf puts it, "The best climate for a consumptive is the one which permits him to remain outdoors more and longer at a time than anywhere else." **

The sanatorium is built on the most approved hygienic principles, the wards are airy and bright, large windows are everywhere present, ample ventilation is provided for, and every facility for the patient living an out-of-door life in all weathers. The sleeping-rooms, whether single or containing many beds, have simple furnishings, and on all sides it is noted that an effort is made to eliminate anything which might tend to accumulate dust or obstruct the entrance of light and air. No carpets, curtains or hangings of any kind are allowed. The walls may be washed, while the floor is either of linoleum or polished hardwood. All the woodwork has rounded edges, and sharp angles are avoided.

The sanatorium is essentially for the treatment of the earlier or quiescent cases—only those sanatoria which possess an infirmary admit the active cases, which need constant care and a nurse in attendance. When the disease is active the patient is preferably nursed at home, rather than away amongst strangers. In the early stage, with high fever and rapid pulse, the disease is as a rule extending and may take on a very acute type. The patient should not be sent away from home until the signs of activity have quieted down somewhat. The journey itself may determine a fatal issue. Special hospitals should be provided near the patient's home for the more advanced cases. Especially is there a crying need for these to take care of the consumptive poor of the larger cities.

It is the aim of the sanatorium to place the patient under the best possible hygienic conditions, and to use every therapeutic resource to improve his nutrition, that with the gradual restoration of the general health the organism is enabled to resist any further extension of the process, and, in addition, that a curative process may be begun in the already diseased area. The healing of tuberculosis is secondary to improved nutrition. The physician in the sanatorium recognizes that he treats each patient individually, and it is to this the success may be attributed. All patients are placed under the same hygienic rules, which are to be faithfully observed; this is the general basis of treatment, but in addition each patient is studied in detail, and therapeutic measures, whether in the way of rest, exercise, special diet, or exhibition of medicines, are advised as indicated.

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*"Where can our consumptive patients best be treated." *Dominion Medical Monthly*, September, 1902.

**Knopf. "Prophylaxis and Treatment of Pulmonary Tuberculosis," p. 202. Philadelphia. 1899.

It is impressed upon the patient that it is not the climate which is going to cure him, nor is it the medicine—these are of secondary importance. He is taught that his recovery will be due to his careful observance of the directions given to him as to his daily programme, that he must follow closely the instructions of his physician, and that it is attention to the smallest details of his daily life which will bring success. There is a constant contact of the physician and his patient, the patient is educated in hygienic living, both by precept and example; he is in a position to note the improvement in others who pay due regard to these details, and he soon acquires a habit of care which will remain with him, and be instrumental in retaining his health after his return to his home and his work.

Foremost in the measures used in the sanatorium is *aerotherapy*. The patient must spend as many hours as possible out of doors. This means eight to ten hours daily on the verandahs, in walking or driving, or other outdoor recreation, summer or winter, rain or shine, the meals taken in an airy, well-ventilated dining-room, with in summer the windows wide open or out altogether, and likewise in the sleeping-room, no obstruction to the free entrance of fresh air; that is twenty-four hours daily breathing pure, out-of-door air. In the cold weather of winter, with the thermometer below zero, six to twelve hours can be spent in the open air, provided that the patient is well protected with rugs and furs. Patients need, of course, to gradually accustom themselves to this life in the open air.

With a temperature of 102 degrees or over, a patient is kept at rest in bed with the windows well open; as the temperature diminishes, he is moved out on the verandah, where he spends the day in a reclining chair. When for three or four days the evening temperature has not risen above 100 degrees, short walks may be taken in the morning, before the daily rise in temperature begins. As the temperature approaches more nearly to normal, the exercise is increased. Anemia and rapid pulse are also considered in the regulation of exercise. The clinical observations on the value of rest in the treatment of anemia, must be applied in overcoming this condition in tuberculosis; and we may attribute a great deal of the improvement under the "rest cure" to the lessening of this more or less constant complication. The patient is taught the use of the clinical thermometer, and the significance of fever. On his leaving the sanatorium he is in a position to regulate his actions, diet, and proper time for rest and exercise, and can do so intelligently.

In the apyretic condition the patient has a fixed distance to walk each day until he has reached three or four miles, when he is allowed to come and go at pleasure, always observing the rule that he must return in time to rest for half an hour before meals.

Rapid walking is not allowed until the patient's general health is good, while at all times the avoidance of fatigue is strongly urged. No exercise is to be taken which will induce fatigue or perspiration.

The morning sponge is one of the important factors in treatment. Every patient must sponge at least the chest and arms each morning with cold water, to be followed by a brisk rubbing, or, if unable to do this himself, it is done by a nurse or attendant. Some patients find it rather unpleasant at first, but soon realize how invigorating it is, and would as soon think of missing a meal as the cold sponge each morning. When there are at first unpleasant effects from the cold water, the patient goes through a preparatory course of dry rubbing, rubbing with alcohol and water, and finally cold water. No exception is made, and no danger can possibly ensue; it is refreshing and invigorating, and serves well in overcoming the tendency to "catching cold," both in the consumptive and the predisposed.

Diet.—Nutrition is dependent upon the proper assimilation of food, while improvement must be proportionate to the increase in the amount of food assimilated. The diet is necessarily abundant and nourishing. It should be a mixed one, fresh meat, eggs, milk, cereals, fats and fruits, all contribute in proper proportion. The tuberculous patient requires a greater amount of food than the average person, for in addition to that needed to carry on the body functions, there must be sufficient to replace the daily waste caused by the disease, and an additional quantity to replace that already lost, and to restore the body to the former condition of health and vigor. With the commencement of the out-of-door life and careful attention by the physician to any pathological condition of the intestinal tract, there is an increased appetite. Much is said about hyper-alimentation, and the "stuffing process" of the sanatoriums, but this conveys an altogether erroneous impression. Taking food from a sense of duty, forcing upon the stomach more than it demands, applies only to the new arrivals at the sanatorium, or to patients with advanced disease. The patient who is eating daily and properly assimilating more food than the average working man is not undergoing a "stuffing process," but is simply gratifying the appetite induced by a change of scene, by a life in the open air, and by proper attention to meal hours, thorough mastication of food and a daily evacuation of the bowels. The rule is three meals daily, with the heavier meal at mid-day. Lunches, between meals should be avoided, except by (1) patients who take but little food at the meals, and who must take nourishment at intervals of three to four hours, to ingest a sufficient quantity, and (2) those so much in evidence in a sanatorium whose appetite is so great that the sensation of hunger must be appeased before the hour of the next meal. The lunches

are preferably liquid, eggs and milk being found most satisfactory. Many patients can take with advantage in addition to their regular meals, one to three quarts of milk and four to twelve eggs daily. With an evening temperature of 101 degrees or over, the patient will, as a rule, be able to assimilate more food, and better, if given at intervals of three to four hours, only easily digestible food being given while the temperature is highest.

In a disease where there is so much tendency to gastric disturbance, both at its inception and during its course, each patient must have separate consideration and personal idiosyncrasy regarding food allowed for. Placing and keeping the digestive tract in good order taxes the patience of every physician who has to deal with the consumptive, for he knows so much depends upon it.

The dress of the patient must vary with the climate and the season. As a rule the consumptive wears too many and too heavy undergarments in his endeavor to protect himself from the cold. As a result the skin becomes moist from perspiration when indoors, and the conditions are present for his developing a cold when going outside. Additional outer garments, not underwear, should be depended upon for warmth in the open air during the colder months. Fur coats and rugs are indispensable for open-air life in winter. The much-used chest protector is particularly to be condemned. Woollen garments, lighter or heavier, according to the season are to be recommended. Linen-mesh underwear has proven very satisfactory and is to be recommended to those who find woollen undergarments a source of irritation. Women should discard corsets, and the skirts should be suspended from the shoulders, so there will be no constricting bands or tight garments to hinder free movements of the chest, or to impede abdominal breathing. We must remember that in pulmonary tuberculosis, it is the diseased apices which require rest, while nothing must interfere with the free expansion of the lower and healthy portion of the lungs, which must perform all the work. Tight, high collars should not be worn; the head should be uncovered, except in winter, or when exposed to the direct sun or to storm; when the head must be protected the covering should be as light as possible. The feet should be kept warm and dry; in wet weather rubber boots should be worn when walking. Moccasins are most satisfactory for winter wear; tight shoes should not be worn, they are the most frequent cause of cold feet.

Disposal of Sputa.—In the sanatorium all expectorated matter is destroyed by fire. Each patient is provided with a sputum box or a pocket flask, or at times with tissue paper handkerchiefs. The patient learns that reinfection may occur if careless of his own sputa. Infection from droplets ejected during the act of coughing is prevented by the patient always holding a handkerchief or bit of cloth before the mouth; separate handkerchiefs are used for

the nose and mouth. Tissue paper table napkins are used and destroyed after each meal. All dishes, forks, spoons, etc., are scalded. Frequent washing of the hands is insisted upon when there is possibility of their contamination with expectorated matter. With every care and precaution used, there is no chance of infection. Amongst the attendants and staff of the sanatorium one might look for the same ratio of cases to occur as are found amongst the general population, but this is not the case. Statistics show that it is practically unknown for dissemination of the disease to occur in the sanatorium. Any sanatorium which would allow the possibility of this would not be worthy the name, and, fortunately, such institutions do not exist.

Medicinal Treatment.—Of this I need say but little. With a hygienic life few medicines are required. The patient being under constant supervision, early symptoms of an intercurrent affection are noted, and serious complications often anticipated. Medicines are used as indications arise, and are usually exhibited to meet symptoms. Cough, night sweats, anorexia, and anemia, as a rule, lessen at once, and soon disappear under the rest and fresh air. Hemoptysis, pleurisy, pneumonia are treated as elsewhere. Special attention is paid to the upper respiratory tract, and pathological conditions attended to. Very encouraging results are obtained in the local treatment of laryngeal tuberculosis.

The constant supervision of the patient is the most important point in which the sanatorium treatment must necessarily differ from that adopted by the general practitioner. Living with the patients, adopting their mode of life, having his meals in common with them, the physician is enabled to individualize the treatment. Perhaps in no disease is the patient so disposed to be erratic, or to do thoughtless, injurious acts, and to require this constant supervision.

The physician studies the patient from every aspect, and his life is laid out in detail. There is a fixed hour for rising and retiring. He is directed what time is to be spent in walking, and what in resting. He is told what to eat, and what to avoid, to rest half an hour before each meal, proper mastication of the food, care of the teeth, regulation of the body functions, proper attention to clothing, hours for temperature observations, care in the disposal of the sputum, and the absence of all danger when this is properly done. He receives a thorough education in hygienic living, and above all, is instructed never to hesitate to ask counsel or advice of his physician.

Results.—With the results of sanatorium treatment you are no doubt familiar; they are eminently satisfactory. Generally speaking, 20 to 30 per cent. are apparently cured, 25 to 35 per cent. disease arrested, 25 per cent. much improved. The results in any

sanatorium will necessarily vary from time to time, depending upon the class of patients under treatment.

The following excerpt from the fifth annual report to the Board of Trustees of the Muskoka Cottage Sanatorium will explain the enthusiasm of those who know intimately the work of our sanatoriums:

"May I draw your attention to the results in the tabulated statement below, showing that of 102 patients treated 28 were discharged apparently cured, and 45 with disease arrested. Of these 45 I have every reason to believe that at least 22 would have progressed to apparent cure had they remained under treatment a sufficient length of time, *i.e.*, a possibility of 50 per cent. of apparent cures in those accepted for treatment.

"You will also notice that of 84 patients with bacilli in the sputum on admission, 31, or 37 per cent., became free under treatment.

"Even more interesting and gratifying are the results shown in those patients who remained under treatment over three months. Eighty appear in this class; of these 28, or 35 per cent., are apparently cured, and 40, or 50 per cent., had the disease arrested, with 4, or 5 per cent., much improved, *i.e.*, of patients remaining under treatment over three months, 85 per cent. were either apparently cured, or had the disease arrested, while but 10 per cent. failed to improve. Also of the 80, 66 had bacilli on admission, while only 36 had bacilli on discharge; or in 45 per cent. of those having bacilli they disappeared under treatment, and 55 per cent. left the sanatorium with either no bacilli or no sputum."

Of 102 patients there were:

Discharged apparently cured	28
" with disease arrested	45
" with marked improvement	15
" unimproved	8
" failed	4
Died	2
	102

Average days stay ... 169

84 patients gained in weight—average gain ... 13 lbs.
10 " lost in weight—average loss ... 5½ "
8 neither lost nor gained in weight.

	On admission.	On discharge.
Number of patients whose sputa contained bacilli	84	53
" " " free from bacilli in sputa or who had no sputa	18	49
	102	102

CLASS III.—80 PATIENTS REMAINING OVER THREE MONTHS.

Condition on admission	Condition on discharge: Apparently cured.	Disease arrested.	Much improved.	Stationary.	Failed.	Died.	Total.
Incipient	22	5	0	0	0	0	27
Advanced	6	29	0	2	1	1	39
Far advanced	0	6	4	3	0	1	14
	28	40	4	5	1	2	80

Average days stay 219.

Of these patients 69 gained in weight—average gain..... 13½ lbs.
" " 7 lost " " — " loss..... 6 "
" " 4 neither lost nor gained.
(Maximum gain in weight 50 lbs. during a stay of 15 months.)

	On admission.	On discharge.
Number of patients whose sputa contained bacilli	66	36
" " " free from bacilli in sputa or who had no sputa	14	44
	80	80

A most important question is—are these results permanent, or will the patient, after his return home, remain fairly well for a time, only to gradually lose ground again? Dr. Weicker, of Goerbersdorf, reports on January 1st, 1899, that of the patients admitted in the first stage, and discharged during the years 1896, 1897, and 1898, as cured, 97 per cent. were then at work. Here let me quote from Dr. V. Y. Bowditch:*

"Of the 35 cases tabulated as 'arrested' at the time of discharge during the year 1898-99, all are believed to be alive and in good condition, with the exception of two, who died this year, after a residence of nearly two years on the coast. The circumstances involving the relapse and death make the result in each case anything but surprising. . . . Of the 56 cases tabulated as 'arrested' at the time of discharge during the year 1899-1900, all are alive and in good condition, with the exception of four, who have relapsed. . . . Fifty out of these 56 patients are known to have been engaged in employments as arduous as, although, as a rule, more healthful than, those in which they were engaged before their illness."

In a short note† on the present condition of 256 patients discharged during a period of five years with disease arrested or apparently cured, I have reported as follows: 96 patients apparently cured; of these 62 had bacilli in the sputum on admission, 9 were not heard from, of the remaining 87, 79 were in good health, 3 not perfectly well, but in fair health, 5 dead.

The five deaths occurring amongst the "apparently cured" cases call for a note of explanation. The first was a youth of 19,

*5th Annual Report, Massachusetts State Sanatorium. 1902.

† Some further results in the treatment of Pulmonary Tuberculosis. Canadian Medical Association, Montreal, September 17, 1902.

who on discharge appeared quite well. He was, however, growing very rapidly, and was not putting on weight quite in proportion to his height. He was advised to go to Calgary, or, if he remained in Ontario, to live on a farm. Contrary to all advice, he remained about his home in a large town, doing nothing, and spending the greater part of his time indoors. The result which followed could scarcely be unexpected. The second case died of tubercular meningitis a year after discharge, having been in the meantime at work on the farm, and having at no time any return of his pulmonary symptoms. The other three cases were women, all of whom returned to their household cares and worries, without allowing themselves sufficient relaxation and hours out of doors.

"These cases have only served to teach me, and impress me with the fact that the after history is almost altogether dependent upon the patient himself, and that the exercise of strict care is all that is necessary to keep well.

"A few patients have been sent to the West to live, but almost all have again taken up life in their former homes. They comprise tradesmen, clerks, book-keepers, stenographers dentists, barristers, farmers, engineers, tinsmiths, and men and women in many other walks of life. They are living in all parts of Ontario, and in the Lower Provinces. If a patient is cured in his home climate, there seems to be no reason why he should not remain well in it."

The following case well illustrates this: J.M., aged 22; dry goods clerk; always fairly healthy, April, 1897, became feverish: treated three weeks for typhoid, then sent to hospital. In June expectoration examined, and ordered to a sanatorium. Severe hemoptysis in July; improved till following June, when a fresh area was discovered, and he was kept at rest. Developed fresh cold in September, following a second hemoptysis. Came under my care January, 1899: sputum., 1. oz., purulent, tubercle bacilli abundant; impaired resonance left apex with moist rales to fourth rib; had two further slight hemoptyses. Discharged September, apparently cured; no cough, no sputum, pleuritic adhesions over apex. Examined 1901, health perfect, signs of adhesions still present. A recent letter from patient reads as follows:

———, N.H., Sept. 18th, 1902.

"I am in splendid health, and have been working every day since I saw you last summer, and have since that time taken out two life insurance policies of a thousand dollars each, and am about taking a third in our best of companies, so that can speak for itself. My weight at the present time is 129 1-2 lbs., but I held around 139 and 140 all last winter, and I have no cough whatever, and no temperature at any time since leaving the sanatorium. My strength is fully as good as ever in my life. I

am on my feet from 7 o'clock in the morning until 8 and 9 at night, and am kept very busy, and, to think of it, in the dry goods at that."

Scores of letters such as the following are received from discharged patients, who had bacilli on admission, but have returned to work after discharge:

(Patient discharged nearly four years ago.) "It is now nearly two years since I started to work for this institution (a bank), and during that time I have not lost a single day or part of a day through illness. I am thinner than when I was out of doors, but eat heartily and sleep like a top. Some time ago I had my lungs sounded, and they were pronounced to be in first-class shape, my expansion from smallest contraction being at that time six inches. I expand to about forty inches."

Though the results secured in the treatment of patients are so gratifying, this is but a small part of the work acomplished by a sanatorium. The patient has thoroughly learned the rules of health and hygiene. On his return home he teaches his friends the gospel of fresh air and sunshine in their homes; that regularity of life is essential to good health. Could this become more universal, not only tuberculosis, but many other diseases would rapidly diminish amongst us, and our coming generations would be better, and stronger, and healthier. There is no grander work than that undertaken by our profession in the prophylaxis of disease. The communicable diseases are lessening rapidly through improved methods of sanitation. In the fight against tuberculosis there can be no better object lesson than the sanatorium and the successful work done by it. We have too few of them. I hope the movement now on foot to erect a State sanatorium for Minnesota will receive every encouragement from every citizen of the commonwealth, that no feeling of personality or of politics will enter to interfere with its progress, and that your state will follow closely the excellent example already set by Massachusetts, the pioneer in the work, whose sanatorium at Rutland has been enlarged to its full capacity, and where there is already an agitation for the erection of a second. New York, Pennsylvania, and other states are rapidly following. May we soon see in Minnesota a model sanatorium, an educative centre to assist in overcoming the ravages of this dread though preventible disease. "If we can, by the creation of sanatoria for all classes, rich and poor, and by carrying on the hygienic, dietetic, educational, and symptomatic treatment for all consumptives outside such institutions, cure the curable and make harmless the incurable tuberculous patients, the problem of dealing with the most widely-spread of all diseases will have been solved." *

*Knopf. "Prophylaxis and Treatment of Pulmonary Tuberculosis," p. 332. Philadelphia, 1899.

A PLEA FOR THE OPEN METHOD OF TREATING FRACTURES OF THE PATELLA.*

BY F. N. G. STARR, M.B. (Tor.)

Associate Professor of Clinical Surgery and Demonstrator of Anatomy in the University of Toronto; Assistant Surgeon Toronto General Hospital and Surgeon to the Emergency; Surgeon to Out-Door Department Hospital for Sick Children.

Mr. President and Gentlemen:

About two years ago I read a paper before this society on the "Open Method of Treating Fractures." In the course of that paper I related a series of cases in which, by various manipulations it was impossible to secure accurate approximation of the broken fragments, and because of this I had cut down upon the recent fracture, brought the fragments together, and secured them by means of silver wire. Of course, it was urged against this procedure, that I had converted a simple fracture into a compound, and that such practice is to be deplored. With a still further experience in such cases, I desire to repeat here what I then contended, that an aseptic compound fracture with accurate apposition tends to a much better result than a simple fracture left to unite in a faulty position, with all its associated deformity and loss of use.

While I think I shall never be guilty of advising the open method of treatment for all fractures, yet in fractures of the patella I am inclined to advocate this method in all cases, and for the following reasons: (1) The fact that by this method one secures bony union; (2) that the period of convalescence is shortened from three or even six months to from three to six weeks; (3) that bony union never occurs in cases treated by the use of the time-honored splint and the various mechanical devices, because of the tension caused by the swelling and blood clot in the joint, and because of the fact that the periosteum is never or rarely torn at the same level that the patella is broken, and it therefore overlaps the fractured surface; (4) that in cases in which fibrous union only occurs there is a tendency for the fragments to become further separated, when the sufferer begins to walk; (5) that when fibrous union has allowed sufficient separation to occur to give rise to awkwardness in walking, it is then difficult to secure good approximation and an ideal result by an open operation, because of the atrophy that has occurred in the broken fragments; (6) that according to Dr. Powers,[1] the results are satisfactory in 94 per cent. of the cases treated by the open method. His observations include 711 cases, records of which he was able to collect.

My reason for bringing this subject before you is, that upon several occasions when I have advocated the treatment I have been

*Read at Meeting of the Toronto Medical Society.

somewhat severely criticized for suggesting such a dangerous procedure. At the same time I feel that an apology is due to some surgeons here for bringing such a well-recognized practice before you, and for advocating it as if it were something new.

If one adopts the open method, however, he must be most careful of his preliminary preparation, for the smallest amount of neglect on his or the nurse's part may mean the introduction of septic material into a cavity, more susceptible to infection even than the peritoneum, and the result would be an ankylosed joint or the death of the patient from sepsis. Lister has said:[2] "No man is justified in performing such an operation, unless he can say with a clear conscience that he considers himself morally certain of avoiding the entrance of any septic mischief into the wound." As "a word to the wise" is sufficient, I may add that certain men who frequently have occasion to blame the nurse or the house-doctor because of suppuration, will do well to leave these cases severely alone, lest the elasticity of conscience be too severely strained in conforming to Lister's injunction. In the cases collected by Dr. Powers,[3] already referred to, there were two deaths from sepsis, two in which total ankylosis took place, and twenty-eight in which "marked stiffness and disability" resulted.

In the case that I shall show you this evening, I adopted the vertical incision, but in future I shall use the "horseshoe" shaped incision, with the convexity looking upward, and for these reasons: (1) One does not then require to cut through the thickened skin over the patella, from the deeper layers of which it may be difficult to remove all septic material; (2) the buried silver wire sutures will not tend to irritate the skin wound; (3) the resulting cicatrix will be farther removed from the point of the knee.

The patient, a man aged 38, came to the General Hospital on November 15th, 1902, with the following history: He was standing up in an express waggon, when the horse started forward, causing him to lose his balance, and while he was trying to regain his centre of gravity, it stopped, throwing the man forward, his knee, striking the iron binding on the box of the waggon. Thus he met with direct violence to the patella, at the same time that his extensor tendon was exerting considerable force on the bone. Upon attempting to rise, he found his right leg useless. When examined a transverse fracture was found at about the middle of the patella. Into the space between the fragments three fingers could readily be placed. By means of a figure-of-eight bandage the space between the fragments could be reduced to about half an inch. For two days this bandage, with a carefully regulated pressure over the knee, was continued till all the oozing that was likely to occur had taken place.

Then the part was carefully prepared, and to make assurance doubly sure, it was again prepared upon the table. Of the pre-

paration of my own hands I was most careful, both Dr. Primrose, who assisted me, and I made still more certain of our own cleanliness, by wearing rubber gloves—a precaution that I consider a good one, providing care has been taken in the preparation of the gloves, for gloves will stand boiling, but the hands will not.

By a vertical incision I cut down over the patella and cleared out a large quantity of clot from the joint. The fracture was almost as clean a solution of continuity as if divided by a saw. The periosteum and the lacerated fragments of the extensor tendon overlapped the raw surfaces of the bone: these were raised, and some tags snipped away with scissors, then two holes were drilled in each fragment, from half to three-quarters of an inch from the edge of the fractured surface, taking an oblique direction, coming out on the raw surface just superficial to the cartilage, taking care to have the holes approximate accurately. Two heavy silver wire sutures were then passed through and drawn tight enough to bring together the broken surfaces, and made fast by two half turns and one full turn, the knots being hammered well down. A better plan, I think, would be to use a single heavy wire suture, passing each end through the holes in the lower fragment from below up, then through the holes in the upper, secure apposition and fasten. This would have the advantage of but one knot, and that would be well away from the point of the knee in the devotional attitude.

I did not use any silk or catgut to bring the periosteum together, for fear of infection, and because approximation was good without it. The skin wound was then closed with fishing-gut sutures, without drainage, dressed antiseptically, and the limb made secure by means of a posterior splint with a foot-piece. On the tenth day I removed the splint, and took out the silk-worm gut stitches, and found good union of the skin. I then applied a plaster splint from the ankle to the groin, cutting it on the inside while still soft to make its subsequent removal easy. At the end of two weeks from the operation, I completed the division of the splint, and allowed the splint to remain off while the patient was in bed, and had it applied when he was up. At the end of the third week he left the hospital, still wearing the splint, when walking, and this he managed remarkably well. Yesterday, seven weeks from the time of the operation, I called to see if he could come here this evening, and was informed that he was at work, and this he has been doing more or less continuously since leaving the hospital.

Surely this, to the man who "earns his bread by the sweat of his brow," as well as to the man to whom each day at business means hundreds of dollars, is better than a prolonged convalescence of from three to six or even more months.

1. Annals of Surgery. Page 67. July, 1898.
2. Jacobson's Operations of Surgery. Page 652.
3. Quoted in Jacobson's Operations of Surgery. Page 652.

ANNUAL ADDRESS OF DR. HARRY E. VAUX, CHAIRMAN OF THE PROVINCIAL BOARD OF HEALTH OF ONTARIO.*

To the Members of the Provincial Board of Health:

Gentlemen,—On re-assembling for this, the first session of the year, it is with sincere thankfulness that, as a Board, we can do so in the enjoyment of health and strength.

The year 1902 has not been marked by any epidemic of formidable character, although certain diseases are like the poor, "always with us."

As the years roll by, and sanitation becomes more of a fixed science, we find that our grasp of the essentials becomes more firm, and consequently results are more apparent and more prompt.

Through the kindness of our secretary, I am able to lay before you some statistics, showing the number of deaths from communicable diseases during the year, based on a return from 90 per cent. of a population of 1,982,000. The total deaths from all causes amount to 25,208, or an average of a little over 12 per 1,000. There has been a mortality from tuberculosis of 2,164; diphtheria, 444; typhoid fever, 363; scarlet fever, 282; whooping-cough, 144; measles, 106.

On comparing the number of deaths from contagious diseases in 1901 and 1902, we find a slight reduction on the whole. Thus, in tuberculosis, there is a decrease of 122; measles, 14; diphtheria, 68; increase in scarlet fever of 73; whooping-cough, 32.

The cool, wet summer has probably much to do with bringing about this improved condition.

Several valuable reports have been laid before us during the year by the Standing Committees, by Dr. Bryce, Dr. Cassidy, and by Dr. Oldright, who attended the Tuberculosis Conference as our delegate in New York, last May.

I do not intend to do more than call your attention to and ask your careful study of what these reports so fully deal with.

Those on tuberculosis naturally claim first place, in view of the heavy mortality. In these reports compulsory notification, isolation, disinfection of rooms lately occupied by consumptives, disinfection of sputum and generally strict attention to well-recognized hygienic measures for the prevention of contagion—at the same time care being taken that public antagonism is not aroused by too radical measures being adopted at first—are all fully emphasized. With this disease, the old adage, "prevention is better than cure" is increasingly proved to be true. Almost at

*Read at the fourth Quarterly Meeting of the Provincial Board of Health of Ontario, February, 1903.

the moment that positive assurances are given that tuberculosis is curable, reports come to us from eminent authorities that some apparent cures are only temporary, and that a large proportion of those who fondly hoped that they had conquered their foe have been doomed to disappointment by a return of their malady. While this may be true, it is our experience that personal hygiene and the hygiene of dwellings, shops, schools and factories will be found to exercise a far greater influence on the reduction of mortality from tuberculosis than will result from segregation in sanatoria.

The smallpox situation has certainly vastly improved since I had the honor of presenting my last annual report, and the very radical measures adopted in dealing with the sanitation of lumber camps have already, by their results, shown the wisdom of our secretary's prompt action.

The Committee on Epidemics has also laid before us a report on necessary sanitary precautions which it is advisable should be observed in barber shops. This is a matter which has forced its attention on sanitarians, and we are glad to know that the barbers are equally anxious, with ourselves, to close every avenue of danger so far as their shops are concerned. This being the case, it cannot be very long before the excellent regulations adopted by the Board will materially improve the sanitation of such shops.

The reports of the Committee on Sewerage are of very great importance, and should be given our special attention, more especially the one dealing with Berlin sewerage, taken in conjunction with Dr. Amyot's exhaustive report, which was laid over for consideration until this meeting of our Board.

You will remember that in response to the appeal made by the mayors of several municipalities, the Government consented to conduct a series of experiments last summer in connection with the Berlin sewage farm, Dr. Amyot being placed in charge. It is now for you to formulate such deductions from the results of his work as may indicate to Berlin and other similarly situated places, some solution of the great difficulties with which they have to contend.

In closing, I would desire to point to the gratifying results which have been secured by the adoption of better sanitary measures in dealing with sewage in suburban houses, and, in fact, wherever other safe means of disposal cannot be adopted, notably in summer resorts, where it is absolutely essential that the lakes and rivers should not be contaminated.

The report of our secretary, Dr. Bryce, on this subject, in the last annual report of the Board, gives his plan in detail, and I am glad to be able to state that it appears to work admirably in practice. Thus, at the Royal Hotel at Muskoka last summer, the sew-

age, even when the hotel was crowded, was disposed of without any contamination of the lakes, and in the city of Brantford, at the pork packing establishment, from 15,000 to 20,000 gallons per diem is successfully disposed of.

REPORT OF A FATAL CASE OF SECONDARY HEMORRHAGE, FOUR DAYS FOLLOWING THE REMOVAL OF ADENOIDS.*

BY PERRY G. GOLDSMITH, M.D., C.M.,
Fellow British Laryngological, Rhinological and Otological Association, Oculist and Aurist Ontario Institution for the Deaf and Dumb, Belleville, Ont.

Mr. President and Members of the Canadian Medical Association:

Secondary hemorrhage following the removal of adenoid masses in the naso-pharnyx, is, I think, sufficiently rare and of sufficient practical importance to merit a few minutes of your attention. No doubt many of you, and all of you who are engaged exclusively in special practice, have on many occasions curetted the naso-pharnyx free of its hypertrophoid lymphoid tissue without any bleeding, more than is usual in such cases. Still, I assume few of you have had occasion to be called in to see your patients, more particularly the younger ones, for hemorrhage, following as late as the fourth day. In fact, I believe it is common practice to practically ignore the question of hemorrhage in young children, when we have no reason to suspect a hemophilic taint.

These following brief notes from a case I recently had under my charge, may be of interest to you. E. S., age 3, was brought to me by his father, with a history of gradually increasing deafness. He was a fine healthy boy, and there was nothing in the family history worthy of note. The examination of the ears showed a considerable degree of retraction of both ear-drums, with marked deafness. There never was any discharge noticed, nor was there any evidence of post-suppurative trouble to be found. He breathed somewhat noisily at nights, and had a very large mass of adenoids in the naso-pharynx, associated with enlarged faucial tonsils.

I advised operative measures on the naso-pharnyx in order to improve and probably cure his deafness. As he lived about one hundred miles from my office, it was arranged that he come to a town twenty miles away, where he had some friends. Under chloroform anesthesia, I removed both tonsils with a ring knife, and while removing the adenoids with the forceps remarked on the unusual degree of toughness in a child so young. The hyper-

*Read at Ottawa Meeting Canadian Medical Association, September, 1902.

trophied pharyngeal tissue was large in amount, but did not bleed any more than such cases ordinarily do.

The child vomited some blood soon after coming out of the anesthetic, but this is quite the usual occurrence, as in most cases considerable blood finds its way into the oesophagus. Nothing transpired to cause any comment for the next three days, when he returned to his home. That evening he was quite playful, and was about the house as usual. Early in the morning of the fourth day a violent hemorrhage came on, during which he lost a large amount of blood, both from his nose and mouth. This was repeated twice within two hours. Assistance was called, but no effort was apparently made to even find out where the bleeding point was. During the next twelve hours there were periodic attacks of vomiting, which consisted mostly of clotted blood. Evidently the blood was being swallowed, and subsequently vomited, thus leading to a sense of false security.

Very severe exhaustion ensued, and I think, owing to the excessive loss of blood, symptoms similar to meningitis occurred but these could all be accounted for by shock and hemorrhage.

That the hemorrhage came from the naso-pharynx I am firmly convinced, though the physician in attendance did not look. The mother, however, subsequently informed me that all day after the first hemorrhage she picked clots of blood from the baby's mouth, and noticed when he cried (without my suggestion) that the tonsils were grey in color, and the clots came from behind the palate. Evidently the greyish eschar found on the tonsillar stump was intact.

The literature on secondary hemorrhage following the removal of adenoids is very scant. In some recent books no mention of it is made at all. In a few instances death has occurred at the time of the operation. Secondary tonsillar hemorrhage is not so infrequent. Cartaz has observed in two instances of hemorrhage an undue fibrous density of the vegetations. As this was marked in my case, it may have a considerable bearing on the result. Schmieglow, quoted by Lennox Browne, has reported a case in which fatal hemorrhage after removal of adenoids was due to a wound of the carotid, which took an unusual course. These are not instances of secondary hemorrhages, but of bleeding at the time of operation.

While a case terminating as this one unfortunately did does not add any credit to any operator, it is one few will ever be unfortunate to have, and should, I think, be reported, as one may learn more from bad results than good ones.

Selected Articles.

A NEW LOCAL ANTIRHEUMATIC.

BY T. FLORET, M.D., ELBERFELD.

Although salicylic acid and its derivatives justly deserve the name of specifics against rheumatic affections, especially against acute articular rheumatism, the physician is often compelled to abstain from their use for prolonged periods and in large doses, owing to the occurrence of unpleasant concomitant effects, particularly upon the heart and stomach. There has been no lack of attempts to exert the effect of salicylic acid directly upon the affected parts through the skin, thus avoiding the stomach, but these experiments have hitherto not given any satisfactory results, and the only preparations suitable for this purpose seem to be the methyl ester of salicylic acid, the oil of gaultheria, and its congeners. But these have been employed only to a limited extent, especially on account of their penetrating odor, which in many persons causes headache.

About one-half year ago a methyloxymethylester of salicylic acid, having the formula—

$$CH_{64} < {}^{OH}_{COO\ CH_2O\ CH_3}$$

and known as mesotan, was given to me for clinical investigation.

Mesotan is a clear yellow fluid, almost odorless, and miscible with oils and other organic solvents. As has been shown by pharmacological tests, it is readily absorbed by the skin and then easily decomposed in the tissue fluids. A short time after its application salicylic acid can be detected in the urine. In contrast with oil of gaultheria it is saponified to a slight extent by weak alkalies. This behaviour of the product leads one to expect a priori that it would be well adapted for external treatment of rheumatic conditions. The experiments made for over half a year in 120 cases, mostly at the polyclinic, have afforded me abundant opportunity to test the therapeutic properties of the new preparation and to determine its clinical value.

The results of my observations are in every way very interesting and in many respects most surprising. In cases of marked rheumatism in which the diagnosis was beyond doubt mesotan

never failed to manifest the desired effect. This occurred so promptly and constantly that in articular and muscular affections of doubtful character it served me as a diagnostic measure; for my clinical experiments, to which I will revert later on, have shown that while rheumatic or similar diseases reacted to mesotan, this was not true of diseases due to other causes.

Undoubtedly the most brilliant results from the local application of mesotan were obtained in acute muscular rheumatism, and these were sometimes remarkable. Recently a vigorous and otherwise healthy workman, 38 years old, was assisted to my office by two persons. Two hours previously he had carried some lead plates weighing from eighty to ninety pounds, and during his work was suddenly attacked with violent pains in the sacral region. When seen by me he was in a wretched condition; the face was drawn with pain, he was unable to walk, sit up or stand up. Inasmuch as an objective examination failed to reveal anything of special character, the diagnosis was doubtful. It was uncertain whether he was suffering from a rheumatic myalgia or from a traumatic laceration or rupture of the muscles. The latter seemed not improbable. After a single application of mesotan to the painful area, with massage, the pains were relieved to such an extent that the patient was able to walk home, a considerable distance. This reaction was the best evidence for me that the condition was of rheumatic origin and not a traumatism. I had an opportunity to test mesotan on myself for the same indication. While on my way home at mid-day I was suddenly seized with violent pains in the back, radiating to the hips, and I had to exert all my will power in order to reach home. Upon arriving there I resorted at once to mesotan, with the result that I was able to sit down almost without pain at the dinner table. About five o'clock in the afternoon the pains recurred, and the second application of mesotan was as efficient as the first, so that I could walk about without any difficulty for two hours. Towards evening, when the pains returned, the third application was made, and on the following morning I was completely cured.

The following case is very characteristic.

I. R., aged 40, a weakly man, has been repeatedly attacked with muscular rheumatism. At my first visit, April 12th, the patient stated that on the previous evening on stepping into bed he had suddenly experienced violent pains over the sacrum, which were still present. I made a diagnosis of rheumatic lumbago, and ordered a capsicum plaster. April 15th, when the plaster was removed, the patient stated that he was not at all improved. Aspirin was then given three times daily, together with applications of chloroform oil. April 18th, the patient was only slightly improved. Mesotan was ordered to be rubbed in three times daily.

April 21st, the patient was completely free from disturbances, and could be discharged from treatment.

In twelve other cases of rheumatic lumbago the effect was equally satisfactory. My case-book of last year contained thirty-two cases of true rheumatic lumbago in which the treatment consisted of the customary remedies, plaster, liniments, Turkish baths, electricity, and the administration of the salicylates and other internal medicaments. Under this treatment the average time during which the patients were incapacitated from work was five and one-half days. On the other hand, in eight cases treated with mesotan the average period was three and one-half days. Equal success was obtained in nine cases of rheumatism of the muscles of the shoulder, two cases of torticollis rheumatica, and one case each of multiple muscular rheumatism, rheumatism of the abdominal muscles and of the calf, all running an acute course. Here also the pains subsided after the rubbing in of mesotan, and the edematous swelling and the stiffness disappeared quickly, on the average in two or three days. In a few instances other treatment had been previously employed without success. Frequently besides the local application, salicylic acid preparations, usually aspirin, were administered.

No less satisfactory was the action of mesotan in the treatment of acute articular rheumatism. My experience relates to twelve cases. Among these there were three severe cases of acute multiple articular rheumatism, in which mesotan was employed in connection with the internal administration of salicylic acid preparations. The combined use of these remedies was much more effective. The course of the disease seemed to be considerably shorter and attended with less pain. Complications failed to occur in these three cases. In two other patients in which the acute stage had run its course under internal treatment, there were still present in one instance radiating pains in the various joints, and in the other chronic swelling and painfulness of the right ankle. The internal administration of aspirin was of no distinct benefit, while mesotan removed the pains and swelling completely in a few days. My seven other cases comprised slight recurrences and monarticular abortive forms of acute rheumatism. In these especially, mesotan gave surprisingly good results. Two cases are particularly worthy of note.

A. M., aged 28, laborer, repeatedly suffered from acute rheumatism. He complained since a few days of pains and stiffness in the left knee-joint, as well as of slight pains in the left arm and right ankle. Objectively an effusion into the left knee-joint was demonstrated. Mesotan was ordered to be rubbed in three times daily, and after five days' use the patient was completely cured.

K. D., mechanic, aged 32, had suffered since fourteen days with

pains in the left elbow-joint, which was slightly swollen and stiffened. Two years previous the patient had been confined to bed for ten weeks with acute articular rheumatism. Applications of mesotan were ordered twice daily, and three days later the patient was able to return to work.

It is well known that in acute non-articular inflammation of the joints in which the anamnesis showed no previous existence of rheumatism the diagnosis is always to be made with special caution. The localization of articular rheumatism to one joint is exceptional. I believe, as already indicated, that we have in mesotan a most reliable diagnostic means in doubtful cases in which the anamnesis leaves us undecided as to the cause of the disease, for I have found that the drug does not exert the least influence upon the non-rheumatic inflammations. I have had an opportunity of testing it in numerous acute and chronic articular inflammations of traumatic character, such as those resulting from strains, contusions, and over-exertion, but without any appreciable success. Furthermore, in two cases of gonorrheal inflammation of the shoulder and knee-joint as well as in a case of tuberculous arthritis of the knee-joint mesotan proved ineffective.

On the other hand, it acted well in the following case: A workman, aged 29, whose previous health had always been good, was suddenly seized with circumscribed swelling of the right ankle, which was completely removed by nine applications of mesotan in the course of three days. This successful outcome justified the diagnosis of articular rheumatism, and that this was correct was shown by the fact that three weeks later the patient was attacked with acute endocarditis.

In the chronic forms of articular and muscular rheumatism, as is well known, internal medication often leaves us in the lurch. The effect, even of the salicylates, often leaves much to be desired. The extraordinary large number of methods of treatment recommended in these affections demonstrates their imperfections. Undoubtedly the best therapeutic agents are baths with the simultaneous use of massage and the electric current. For many reasons, however, the general practitioner is often unable to adopt this plan of treatment. The many external medicaments are of less value than the massage required for their application. It is here that mesotan acts as a specific, removing promptly the pain, so that the patients, after each application, obtain a relief of their sufferings for several hours, and later for a longer time. Some of my patients had been treated for several years with various customary measures with variable results. These especially were enthusiastic in regard to the new remedy. Frequently I was told by an old rheumatic that no other remedy had helped him so much as mesotan. Its success must appear the more striking as

salicylic acid is of so very doubtful value in chronic rheumatic conditions. Of course, in isolated cases of suspected chronic rheumatism the patients professed to receive no benefit. Among forty-four subjects there were nine of these. In view of the brilliant results produced in the vast majority of instances it would seem that in cases of failure the disturbances were not due to rheumatism, but to some other condition. In one instance chronic alcoholism was probably responsible for the paroxysms of muscular pains, while in another neurasthenic disorders seemed to be the cause, which naturally could not be influenced by mesotan. It must also be remembered that muscular and articular pains are very favorite complaints of those who simulate their sufferings.

Even in diseases which are closely related to acute articular rheumatism etiologically mesotan acts very favorably. I employed it with good results in a case of chronic dry pleurisy, in which it materially relieved the pains in the chest, which had been present for a number of years, and also successfully used it for the relief of pains in the joints in cases of angina and influenza. On the other hand, it was ineffective in neuralgic pains of various kinds and in cases of myocarditis, attended with pains in the chest.

There is scarcely any external medicament which now and then does not produce cutaneous irritation, varying in degree from a slight dermatitis to extensive eczema. Even after the application of an innocuous liniment or ointment, or a mild plaster, or even after cold water compresses, such undesirable by-effects may manifest themselves. Individual disposition and idiosyncrasies play an important part in this respect. It is therefore not surprising that mesotan occasionally excites an eczema, as is shown by the following case. Mrs. M. K., aged 48, consulted me for chronic articular rheumatism, especially marked in both knees. She requested me not to prescribe the salicylate of sodium, because in previous administrations it had always caused an eruption. I gave her mesotan as a local application and aspirin internally. The patient, however, was not well satisfied. She stated that aspirin was no better tolerated than the salicylate of sodium, while after the application of mesotan vesicular eczema developed, which spread to the middle of the thigh. This, however, disappeared rapidly. In two other cases there was an irritation of the skin, which prevented the further application of the drug. For these reasons it is desirable, especially in persons with sensitive skin, to dilute mesotan with olive oil to such an extent as to obviate any irritating action. Lately I have employed the drug almost exclusively in a mixture with olive oil. In most instances a mixture of equal parts is sufficient to produce a full effect, and only exceptionally it was necessary to increase the strength. After about

twenty applications of this mixture I observed a slight dermatitis in only a single instance. Systematic effects were never noticed, and it was well borne by a weakly child, two and one-half years old, suffering from articular rheumatism.

It is further to be noted that in consequence of its energetic action only a small quantity need be rubbed in; and even if the drug is to be applied to extensive areas a teaspoonful is entirely sufficient, and two or three applications a day will suffice. It is to be rubbed in gently over the affected area, and it is not necessary to apply any covering to the parts. The effect manifests itself at once, the patients experiencing first a feeling of warmth or slight tickling and burning of the skin, after which the pain subsides.

As the result of my careful clinical tests of mesotan I consider myself justified in concluding that it constitutes a valuable acquisition for the treatment of rheumatic diseases. I feel convinced that it will be welcomed by physicians as well as by the large number of rheumatic patients as an invaluable, indispensable and entirely safe remedial agent.—*Deutsche Med. Wochenschrift*, October 16th, 1902.

THE LESSON OF COLNEY HATCH ASYLUM.

An annex to the lunatic asylum of the London County Council at Colney Hatch was burnt to the foundations before sunrise on the morning of January 27th. In spite of heroic efforts by the staff, 51 out of the 320 patients sleeping in this annex were suffocated and cremated in a few minutes.

The annex was called "temporary," but had been in use for seven years. There are similar buildings in use at the Manor and Horton Asylums. The Asylums Committee has under consideration a proposition to erect temporary buildings as an annex to Bansted Asylum. The first lesson of Colney Hatch would seem to be that the plan of housing lunatics in annexes made of felt, matchboard, and corrugated iron must be improved upon.

The Burned Buildings.

The "temporary annex" at Colney Hatch which has now disappeared, consisted of a group of one-story buildings of corrugated iron, lined with pitch-pine, matchboarding, and in the air space between a layer of felt, treated, it is said, with tar as a protective against damp. The only brick portions were the foundations and a separating wall in the assistant resident medical officer's residential block. There were five sections, connected by a central corridor, 200 yards in length. Three of the sections crossed the corridor transversely, a day room being on one side and a dormitory on the other; the other two blocks were entirely

on one side of the corridor, and constituted the infirmary wards, near which was the resident medical officer's quarters. At the opposite end of the long corridor was a boiler room. The building was warmed throughout with hot-water pipes and radiators, and lighted by gas.

The Fire.

It is believed that the fire broke out in a linen room, near the boiler room—which, it may be remarked, was heated by a gas stove. It began about 5.30 a.m., and an alarm was at once given; the resident medical officer in charge was on the spot within three minutes of the sounding of the steam siren. The ward first involved was occupied by chronic lunatics, almost entirely epileptics. As it happened, a strong wind was blowing across the annex from the point of origin of the fire in the direction of the corridor to the main asylum buildings. Even at that interval of time—three minutes—this ward was absolutely untenable. The heat was intense, but the worst obstacle to the rescue of the patients was the smoke and fumes, which were pungent, thick and quite unlike those from burning wood. So irrespirable and even narcotic were they that one of the medical officers nearly "went down" no less than three times. The dense smoke speedily filled the corridor, and made it impassable. In a few minutes the adjoining block was in flames, the galvanized iron of the earliest involved being now at white heat. In five or six minutes after the alarm the second block was untenable, owing mainly to the fumes, nevertheless most of the patients were saved. In the first block there were 90 patients, and of these 34 are missing; in the second 76, of whom 16 are missing; in the third 75, of whom 1 is missing; in the second 50, and the first 49, all of whom were saved. Thus of 320 patients who slept that night in the annex, 51 were incinerated, after having been, as is practically certain, judging from the attitudes of the dead and from the effects experienced by the rescuers, rendered insensible by the fumes. In one hour the whole place was gutted and levelled to the ground. The bent and reddened frames of the bedsteads and the cremated remains of the deceased are only too good evidence of the intensity of the heat. The baths in the bath rooms vanished in the heat, and the hot water pipes are to be seen in places melted off short.

How the Fire Was Met.

All accounts agree as to the splendid heroism displayed not only by the nurses and the medical superintendent, Dr. Seward, but by all concerned. Of course, the first and only objective was to save the patients, and it seems, indeed, a little short of miraculous that only 51 out of 320 met their death under the awful conditions which existed. Many of the patients were dements, and

some resisted the efforts to save them; but, on the whole, they behaved extremely well, and not even a shriek was heard, although such sounds certainly came from excited patients in the adjoining main building.

The water supply was at first good, but as the demands on it became excessive, it failed somewhat. Owing to work in progress, the supply was not the ordinary one of the asylum, but was temporarily obtained from the East Barnet Water Company. To meet the emergency, a brook running through the ground was dammed up, and a supply thus obtained. From the construction of the building, intended to keep insane persons safe at night, there was difficulty in opening the doors of exit, and getting the patients out quickly. But it is very clear that everything possible was done to save life, and that the success was greater than could reasonably have been expected under the circumstances.

The work of rescue was made much more difficult by the fact that the fire occurred while it was yet dark. Those on the spot believed that had there been daylight every one of the patients might have been saved, but it is evident that, under any circumstances, it would have been very difficult rapidly to empty wards constructed as were these, with three rows of beds and a narrow exit.

While the fire was raging in the annex no less than 682 patients in part of the main building abutting on the burning building were moved away. As these happened to be in considerable proportion refractory patients, they gave much trouble. Only one patient who survived was slightly burned. Two nurses were rather severely burned, but no other member of the staff was seriously injured.

The Defects Revealed and Some Remedies.

The danger—not to use a stronger term—of such temporary buildings for the incarceration of the poor insane is now very obvious to everybody. The buildings were only temporary, but they were opened in May, 1895, and were then licensed for five years. They were subsequently licensed for another five years. The building was erected by the Works Department of the London County Council, and it is stated that the Lunacy Commissioners were greatly opposed to it from the first. It is to be presumed that an expert opinion in regard to the risks from fire was obtained in the first instance, but it must also be assumed that it was not acted on.

This fire also points to the inadvisability of herding masses of afflicted humanity in such large institutions—this asylum contained about 2,500 patients. It raises the question again of the unnecessary certification of many patients—technically and actually incapable of managing their own affairs—such, for example,

as senile dements, who, with assistance, might possibly be well looked after by their friends or boarded out; it raises the question of the need for colonies of epileptics, of the need for hospitals for acute cases, of the way in which patients are drafted from workhouses after certification. Above all, the incident ought to raise the question of provision of accommodation for chronic lunatics; their number, from the protracted nature of the disease, is necessarily an increasing quantity, and it would seem fairly obvious that provision for them should be made on a settled continuous policy. The catastrophe is an urgent appeal to the London County Council to pursue a settled policy, and in particular to forswear the use of "temporary" structures except for actual emergencies having a speedy term to their existence.—*British Medical Journal.*

IS THIS WOLF-WOLF?

For years the medical journals have been trying to convince the practitioner of the widespread evil of substitution and adulteration in drugs. But the profession has turned a half-credulous, half-indifferent ear, as if bored at the familiar sound of "Beware of Substitution," and "None genuine without this mark." They have in some instances hinted that it was necessary for the journals to support their advertisers; and have firmly believed that the adulterations were confined to proprietary medicines put up in labelled bottles and taken at the public's risk.

How many physicians make a practice of going behind the scenes and watching the preparation of a prescription, and how many if they did so would be able to tell by the form in which the crude drugs were handled whether they came originally from reputable sources, or whether they were bought by the honest but misled druggists from middlemen who successfully adulterated their wares?

From the laboratories, where the exact potency of an absolutely pure drug is determined for endorsement in the U.S. Pharmacopeia, to the druggist's counter, where supposably the same potency is being handed out on a physician's carefully written prescription, there is often so wide a variation that one wonders whether it would not be safer for us to go back to the days of herbs and simples, and to cull and brew our own remedies.

At last the Health Department of New York has brought to the attention of the medical profession through the daily press, a forcible reminder of the widespread practice of substitution and of the adulteration of drugs. The medical profession has for years been thwarted in the greatest emergencies by the false values of the remedies furnished to their patients in their prescriptions. But the public has treated them with that tolerant, easy-going air of

good-natured understanding, as though one should say, "It *is* hard to see another man getting one's profits," and has given the warning no more thought than would be bestowed upon a patent medicine vendor's earnest plea to "Take no other," and "Beware of substitutions."

Commissioner Lederle has set in operation a wholesale examination of the stuff that is commonly sold as phenacetin. His physicians and staff have purchased phenacetin powders from 373 drug-stores, in Manhattan and Brooklyn. The official report gives the names of all, and includes many well-known drug stores and department stores. *Among these samples, only 58 were found to be pure phenacetin, while the greater number, 315, were adulterated.* The chief adulterant was found to be acetanilid, selected undoubtedly because of its cheapness, and its similar effects, in part, to phenacetin.

In the sale of an ordinary ten-grain pure phenacetin powder, the druggist makes a little over 200 per cent. He buys the phenacetin at $1.00 per oz., and retails it in small quantities at $3.20 per oz. If his adulterant be acetanilid, it is bought at the rate of 2 1-2 cents an ounce, leaving him his sales almost clear. This mean and petty money traffic need not, however, be laid at the door of the retail druggist alone. It is important to lay the blame, however, where it is due, for the question is one with a double moral issue. The physician does not trouble himself about the druggist's profits, or his sense of honor in dollars and cents; but he has his patient's health in his hands, and when he finds, if he ever does learn, that a cheap heart depressant such as acetanilid is given in his prescription instead of the drug on whose certain action he is depending, he is justified in his honest indignation.

This is by no means a single instance. Nearly every drug in the Pharmacopeia is adulterated, and as such fails to give the desired action. So great has this evil become that we often confess to one another that we prescribe less and less, and confine ourselves to a few fundamental drugs, remedies which we think we obtain from reliable sources, and give in case of necessity, leaving our patients to take their favorite compounds of tonics and appetizers on their own responsibility.

If drugs could be treated sacredly, exactly, and conscientiously by the druggists and the public, as they are in hospitals, in experimental laboratories, and as physicians themselves treat them, the practice of medicine would be a much more satisfactory profession than it is at present.

We trust that in this particular case the New York Board of Health, which does nothing by halves, will trace this scandal to its source, and further, we hope that physicians and druggists will prove as energetic as are the manufacturers of cereals and baking powders in establishing pure food laws, and will bring the enact-

ment about pure drug laws, that will at least serve as a warning to offenders, and a caution and protection to the trusting prescribers and buyers of drugs.—Editorial in *Medical News, N.Y.*

THE NEW PRINCIPAL FOR THE UNIVERSITY OF EDINBURGH.

The appointment of Sir William Turner, K.C.B., to the Principalship of the University of Edinburgh is a suitable occasion on which to recall the leading incidents in his public career. Sir William Turner was born in Lancaster in 1832. His father was English, but his mother was a Miss Logan, a Berwickshire lady. He received his medical education at St. Bartholomew's Hospital, where he studied under Sir James Paget. He obtained the Membership of the Royal College of Surgeons of England, and graduated as M.B. of the London University. In 1854 he came to Edinburgh as senior demonstrator of anatomy under Professor John Goodsir. This post he held until 1867, when, on the death of Professor Goodsir, he was appointed to the chair of Anatomy. During the 36 years of his occupancy of the chair Sir William Turner has held an unrivalled position as teacher in the Edinburgh School of Medicine. He has also, as is universally acknowledged, added to the lustre of the chair which has been held by Munro and Goodsir. He has done this in virtue of his contributions to comparative anatomy. He has, moreover, during the whole period of his occupancy of the chair, taken an active and energetic interest in all university matters, and has shown himself to be possessed of great organizing and administrative ability. In 1873 he was elected to represent the University of Edinburgh on the General Medical Council, and on the death of Sir Richard Quain he was elected president of that body, an office which he still holds. He took an active part in the scheme for the erection of the new buildings for the accommodation of the medical faculty of the University, and also took a large share of the arrangements in connection with the erection of McEwan Hall. He is the author of several works on anatomy, and he edited the second and third editions of Sir James Paget's classical lectures on surgical pathology. He was the joint founder of the *Journal of Anatomy and Physiology,* of which he is still an editor. He was knighted in 1886, and in 1901 he was made a K.C.B. He has honorary degrees from the Universities of Glasgow, St. Andrews, Montreal, Oxford, Durham, Toronto, Dublin, and Cambridge. He is a Fellow of the Royal Society of London, a Fellow of the Royal Society of Edinburgh, a Fellow of the Royal College of Surgeons of Edinburgh, and a Fellow of the Royal College of Surgeons of England.

When Sir William Turner met the class of anatomy on January 21st, his appointment to the principalship had become widely known. His appearance in the lecture room became, therefore, the signal for a great demonstration of approval and enthusiasm on the part of the students. When quietness had been restored Sir William Turner addressed the students. He thanked them for the overpowering reception which they had accorded to him, and dwelt upon the responsibility of the position to which he had been chosen. He referred to the line of distinguished men who had preceded him in the principalship. Speaking of Sir William Muir, he said, "I feel, gentlemen, that I cannot assume the duties of the new office which has been conferred upon me without referring to that courteous gentleman, that kind-hearted man, who has always throughout his eighteen years of service here acted towards his colleagues in a noble and impartial way, and who, as regards the students of the University, has shared their feelings and sentiments in a way which has most thoroughly endeared him to them." Sir William Turner then intimated that his having accepted the office of principal implied his relinquishing his position as Professor of Anatomy. He finished his speech with a warm expression of gratitude to the generations of students who had attended his lectures for the sympathy, kindness, and affection which had subsisted between him and them. Sir William Turner then proceeded with his lecture.—*Lancet.*

THE NEW HOSPITAL AT MONACO.

A MEDICAL correspondent residing at Monaco writes that, owing to the enormous development of Monaco in recent years, it was found that the old Hotel Dieu on the rock of Monaco was insufficient to met the demands of the place. As soon as the Prince recognized the need he took the matter in hand, with his usual largeness of ideas and appointed a commission composed of medical men and architects, with Dr. Colignon at their head, to make a tour of inspection of the great modern hospitals of Europe. In the building that has been erected for the new hospital is to be found nearly every novel and perfect idea that could help to realize the Prince's directions to the commission, "I desire a model hospital." Our correspondent continues as follows:

Situated on the western frontier of the principality, some 300 feet above the sea, protected by the precipitous cliffs of the Tete du Chien from the north-east to the north-west, and fully exposed to the Mediterranean, the hospital is approached by broad, gently sloping terrace roads, through woods of olive, caroub, and eucalyptus and sub-tropical plants. The principle of separate blocks has been adopted as the one most suited to carry out to the fullest

extent hygienic conditions. A very handsome broad passage-way runs the entire length of the blocks of buildings, forming a means of communication between them, and also a covered promenade for convalescents in wet or very hot weather. From this gallery are obtained magnificent views over Monaco, the Italian coast, and the Mediterranean.

Here he enumerates various structural details which have already been described in the *Lancet* of April 26th, 1902, p. 1212, and he concludes as follows:

It is under consideration to allow foreigners to be attended by their own medical men, subject, of course, to certain restrictions. The Emperor Napoleon built his grand opera house in Paris first and his great hospital afterwards. The Prince of Monaco, although deeply interested in the magnificent marine museum in course of construction, has made his hospital his first care and thought. It has now been open and in full work for over six months, and has been an enormous boon not only to his own subjects, but also to the very large population in the surrounding French and Italian districts.

His Highness the Prince of Monaco has hitherto been known to science by his valuable researches in marine biology, but by the munificent gift to the principality which is described by our correspondent, he has shown himself no less eager to promote the comfort and well-being of his fellow-creatures, whether by offering them the means of care in sickness or by providing methods for the prevention of disease. It is to be hoped that the concession alluded to by our correspondent will be carried out, and that foreigners will be allowed to have the option of selecting a medical attendant of their own nationality during their stay in hospital.—*Lancet.*

AN AMERICAN MENTONE.

One of the most charming and most ideal winter and all-year-round health resorts is Citronelle, Ala., which has already acquired great fame and is attracting a great number of health-seekers and tourists. The town has an elevation of 360 feet, the highest in the government survey between the Rio Grande and the coast of Maine. The site is a high rolling plateau in the heart of the long-leaf yellow pine forest of South Alabama. The soil is sandy; there is no malaria; there are no poisonous insects. The climate is simply delightful—at all times of the year. The salt air of the Gulf commingles with the fragrant, delicious ozone of the pine woods; it is absolutely clean and clear, and, therefore, of great benefit to all persons suffering from catarrh, bronchial and throat troubles, and from the depressing effects of the grippe. Medical authorities are agreed that Citronelle is an ideal place for

those who wish to recuperate from nervous prostration and kindred ailments.

The town is within a short distance of Mobile. It has a population of one thousand, which is, of course, considerably increased during the winter months. There are public and private schools, churches of various denominations, stores of all descriptions, a well-equipped and strictly up-to-date hotel, and first-class liveries.

The proximity to Mobile makes Citronelle a particularly attractive place for those who are fond of city amusements. The hunter is offered ample opportunity to enjoy his sport. Small game abounds. In the shadows of the forest deer may still be found, and then there is the agile squirrel, the turkey, the rabbit, the fox, and quail. As Mobile Bay is only a few miles away, fishing is one of the best and most enjoyable sports. Neighboring streams are also well stocked with various varieties of savory fish.

Citronelle has a gun club, which all guests are invited to join, and also golf links. The surroundings of the place are both picturesque and romantic. They are a veritable paradise for the enthusiastic lover of nature. Here can be found blooming in winter the beautiful camellia japonica, yellow jasmine, trailing arbutus, mountain laurel, roses, violets and other flowers and shrubbery. In March and April the woods are aglow with blooming trees and wild flowers.

It will probably surprise many to learn that at Citronelle was made the last surrender of the Civil War. Reliable old citizens report that on May 5th, 1865, General Taylor signed negotiations for peace to General Canby, at a spot under a clump of oak trees, a mile and a quarter south of the depot.

The water of Citronelle is famous for its curative qualities in cases of kidney and stomach troubles. It is preferred by many to any of the well-known leading mineral waters.

Hotel accommodations are ample and are obtainable at very reasonable rates.

It is no exaggeration to say that nowhere along the Gulf or Atlantic coast is there any more ideal and more attractive health resort than Citronelle. The location cannot be excelled, and the climate is considered by various authorities to be more beneficial than that of any other resort on the coast. It is said that many business and professional men have already located there, principally for reasons of health.

Citronelle is easily accessible, over the Mobile and Ohio, which furnishes a speedy and luxurious service.—From *St. Louis Mirror,* January 22nd, 1903.

Public Health and Hygiene.

. . . IN CHARGE OF . . .

J. J. CASSIDY, M.D., AND E. H. ADAMS, M.D.

FIRST QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH OF ONTARIO, 1903.

The first quarterly meeting of the Provincial Board of Health of Ontario for the current year was begun in the office of Dr. Bryce, the secretary, February 11th, and continued during the two following days. The following gentlemen were present during the sessions: Dr. Vaux, chairman; Dr. Bryce, secretary; Dr. Oldright, and Dr. Cassidy, Toronto; Dr. Kitchen, St. George; Dr. McCullough, Owen Sound, and Dr. . Douglas, Cobourg.

In his quarterly report, Dr. Bryce said the public health had remained fairly good as regards contagious diseases, with the exceptions of scarlet fever and smallpox. Both had existed in a more severe type than we had had for some time. Of smallpox the statistics showed that there had been 2,500 cases in the province during 1902, resulting in ten deaths. Of scarlet fever there were 3,402 cases and 290 deaths.

Dr. Bryce then interpolated an interim report by Dr. Hodgetts, Provincial Health Inspector, on the smallpox situation in January of this year. The disease had existed in forty-two centres and there had been 196 cases and 10 deaths, compared with 650 cases and one death a year ago. In eight instances the infection had come from outside the province. The most serious outbreak had been at Galt, where there were eighty-five cases and five deaths. The doctor reported that he had examined thirty of the cases and found that none of them had been vaccinated or revaccinated in the past seven years. Of the thirty cases seventeen were never vaccinated, four, upwards of thirty years of age, were vaccinated in infancy and had a scar now; six were vaccinated after exposure. It was significant that not one of the five who died had been vaccinated.

As further illustration it was noted that Mrs. H., aged 32, vaccinated 17 years ago, was the only one of four in a house who did not contract the disease; Mr. R., aged 43, vaccinated in childhood, with two scars now, was the only one in a house of nine to escape the disease.

A similar case was quoted from Wilmot Township. Two regrettable facts were the persistent manner in which medical men continued to diagnose the disease as chicken-pox, until many people had been exposed, and the general neglect of vaccination. Health officers, for their meagre pay, hesitated to pronounce a disease smallpox for fear of alienating their practice. For this Dr. Hodgetts suggested a union of municipalities, say in each county, and the appointment of a competent officer at a good salary.

Dr. Bryce, resuming his own report, remarked that 5,000 of the total population of 8,000 in Galt had been vaccinated during January. In Ottawa, in 1901, 20,000 persons had been vaccinated, and in Deseronto in 1901 practically the whole population had been vaccinated, and the result was seen recently in the existence of only one case under constant exposure from a neighboring Indian reservation. In 1900 the municipalities had spent $450,000 in suppressing smallpox, not to speak of the expenditures by the government and the loss to people who had been quarantined. In the face of all this, there were only two or three municipalities, including Toronto, Windsor and Walkerville, where there was general vaccination, although there had been a law on the statute books for forty years, calling for compulsory vaccination of infants born every year by public vaccination. It was clear that a better law was necessary, to meet the present conditions, and a proposed act would be submitted to the Board later during the meeting.

The scarlet fever had been more virulent than for years past. In Toronto last year there had been 701 cases and 88 deaths. The death rate in 1902 had been 9 per cent. in the cities generally, and 12.5 per cent. in Toronto, while in January, 1903, there had been 106 cases and 21 deaths in Toronto, a much higher percentage.

The chairman, Dr. Vaux, then read his annual address (*vide* page 168.)

The address was adopted, and was ordered to be printed with the next annual report of the Board.

Regulations *Re* Scarlet Fever.

Adopted by the Provincial Board of Health at Its First Quarterly Meeting, February 12th, 1903.

The entire afternoon session, February 11th, was taken up in discussion on the regulations for the control of scarlet fever. The following is the text of the regulations as adopted:

The Provincial Board of Health, subject to the approval of the Lieutenant-Governor-in-Council, enacts the following regulations:

1. Whenever scarlet fever is present in any municipality, and the Medical Health Officer requires the assistance of sanitary police

for the purpose of assisting such officer or officers in carrying out the health regulations in force in the municipality, he shall temporarily employ one or more persons as sanitary police until the council of the municipality shall have appointed such officer or officers. Should such council refuse or neglect to make such appointments on the request of the Medical Health Officer, they may be made by the Provincial Board of Health.

2. The Local Board of Health of any municipality, and where there is no local board, the Medical Health Officer, may, either with or without prior agreement, take possession of any non-occupied land or building not being nearer than 150 yards to an inhabited dwelling, for the purpose of an isolation hospital, subject to the provisions of sections 22 to 28, R.S.O., Cap. 248, 1897, both inclusive, with reference to compensation and otherwise. Any title acquired shall vest in the municipality. The health authorities shall establish on said land, or in said building an hospital temporarily, with necessary appliances for the reception and care of patients, and shall equip the same to the satisfaction of an officer of the Provincial Board of Health. An ambulance or other suitable conveyance shall also be provided.

3. Any default on the part of the authorities of any municipality in taking immediate and effective action in carrying out the regulations of the Provincial Board of Health, or any of the Health Acts of this province, or any health by-law in force in the municipality, shall be at once reported by the Medical Health Officer to the secretary of the Provincial Board of Health, in order that the said Board may take such measures as it deems requisite for placing the said municipality in a position, as regards its sanitary arrangements, to effectively combat the said disease.

4. Every physician or householder who has reason to know or suspect that any person under his charge has scarlet fever shall report the same within twenty-four hours to the health authorities of the municipality, in the manner provided by the Public Health Act.

The Medical Health Officer of a municipality, or any of his medical assistants, having received information of a suspected case of scarlet fever therein, shall immediately enquire into the facts, either by consultation with the attending physician, or by his own personal observation, or by both.

If the characteristic symptoms of the disease are not sufficiently developed at the time of investigation, the Medical Health Officer shall keep the case under his personal observation until its true nature is discovered.

Until the time has arrived when, in the opinion of the Medical Health Officer, all cause for suspicion of danger is passed, the suspected case shall be isolated and otherwise dealt with in the same manner as prescribed for a case of scarlet fever.

5. On the occurrence of the first or any case of scarlet fever in them unicipality, the Medical Health Officer shall at once place the person attacked in the isolation hospital, tent, or other place provided under the Act, and shall take proper measures for the disinfection, or, if necessary, the destruction of all clothing which may have been exposed to the contagion, and for the disinfection and purification of every house, conveyance, rail-car, steamboat, sailing vessel, carriage, or other vehicle which may have been exposed to the contagion.

6. Where the emergency demands such measures, he shall further place in another building or tent, which shall be provided as prescribed in the Act, all persons who may have been exposed to the contagion, and shall supply them with all necessaries until the period of incubation of the disease shall have elapsed, as provided in section 93 of the Public Health Act. No person who has not had scarlet fever shall go, or be permitted to go, abroad until the period of incubation of the disease has elapsed, and until the clothing or effects worn or carried by or with all persons exposed to the contagion have been disinfected as provided in the Act.

Whenever in a house there is a case of scarlet fever, or wherever there are persons isolated in the same on account of exposure or supposed exposure to scarlet fever, no children or other persons shall be permitted to leave the premises until in the opinion of the Medical Health Officer, they and their clothing are free from infection.

7. Whenever a case of scarlet fever has occurred in a child attending any school, the Medical Health Officer shall personally, or through another physician, cause a daily examination to be made of all the children of the school for at least one week from the date of the occurrence of the last case amongst such children. If any children are absent from such school, a medical examination shall be made of them in the same manner as if they were in attendance at the school.

8. The minimum period of isolation of any case of scarlet fever shall be six weeks from the onset of the disease; and any person then having any discharge due to scarlet fever shall be isolated for such further period as in the opinion of the Medical Health Officer may be necessary for the safety of the public.

9. In case of the death of any person suffering from scarlet fever, the Medical Health Officer shall at once be notified by either the physician or the party in charge of the body, and cause same to be enveloped in a sheet thoroughly saturated with a solution of mercuric chloride, in the proportion of one to five hundred parts (two drachms to the gallon), or in a carbolic acid solution of five per cent. strength. An outer sheet shall also be applied to prevent evaporation. As soon as possible thereafter the body must be placed in a coffin and

permanently closed. It shall be the further duty of the Medical Health Officer to see that the funeral be strictly private, and that the body be buried in some cemetery commonly used for the burial of persons dying within the said municipality, and that all infected apartments, clothing and other effects be speedily and thoroughly disinfected, and that no such apartments be entered or occupied by members of the family or other persons until they have been so disinfected.

These provisions shall equally apply to all undertakers' apartments and furnishings.

10. The last Revised Rules for Checking the Spread of Contagious and Infectious Diseases, issued by the Provincial Board of Health, shall be the guide for the specific performance of such instructions as are contained in the regulations.

On February 12th, at the morning session, the Board approved a draft bill, which will be introduced at the next session of the Legislature, making more effective provision for the prevention of the spread of smallpox. By this measure it is hoped to nip the disease in the bud by a more thorough vaccination, commencing in the homes and in the schools. By the bill, the secretary of every Local Board of Health is required to supply to the Medical Health Officer of the municipality a list of all children whose births are registered in each year after the passage of this Act, in order that he may offer vaccination of such child to the parents at their home within six months after the birth of the child, without cost to the parents, and at the expense of the municipality.

The Medical Health Officer is also authorized to offer vaccination to any other unvaccinated person found in such home in the same manner. The Medical Health Officer of each municipality is appointed public vaccinator to carry out the provisions of the Act. He is required to notify the Provincial Board of Health of any neglect on the part of the Local Board of Health, and also to make an annual return of the result of the vaccination of each person. The secretary of a Local Board of Health is also required to notify the Provincial Board of Health when his Board neglects to appoint a medical health officer.

The responsibility is placed upon Medical Health Officers of obtaining from every child attending any school within the municipality a certificate of successful vaccination. Unvaccinated children are prohibited from attendance at schools, and any school trustees who fail to exclude such children upon notice from the Medical Health Officer would forfeit the government grant. Parents who neglect to comply with the terms of the Act are to be held responsible, and the existing regulations for compulsory vaccination when smallpox is present in a municipality are made a part of the Act.

Upon motion of Dr. Cassidy, the bacteriologist of the Board

was requested to report upon the practicability of the adoption in Ontario of the method, which has been in use in Chicago, of assisting practitioners to combat the spread of scarlet fever by furnishing the means of laboratory experiment for identification and detection of the bacilli of the disease.

At the afternoon session the Board considered amendments to the regulations relating to diphtheria. The regulations as amended are as follows:

In view of the fact that a copy of the diphtheria regulations of the Provincial Board of Health may not be in the hands of every Local Board of Health, the Provincial Board has reprinted the subjoined for the guidance of Local Boards, and for the information of the public.

Copy of an Order-in-Council approved by His Honor the Lieutenant-Governor, the 23rd day of December, A.D. 1891.

Upon the recommendation of the Honorable the Minister of Agriculture, the Committee of Council advise that the annexed regulations respecting diphtheria, adopted by the Provincial Board of Health at its fourth quarterly meeting, 20th November, 1891, be approved of by your Honor.

(Certified)

P. H. Bryce, *Secretary Provincial Board of Health.*
J. Lonsdale Capreol, *Asst. Clerk Executive Council.*

Regulations *Re* Diphtheria.

Adopted by the Provincial Board of Health at its Fourth Quarterly Meeting, November 20th, 1891, as Amended February 12th, 1903.

The Provincial Board of Health, subject to the approval of the Lieutenant-Governor-in-Council, enacts the following regulations:

1. Wherever diphtheria is present in any municipality in Ontario, and the Medical Health Officer requires one or more sanitary police for the purpose of assisting to arrest the spread of the disease, he shall temporarily employ one or more persons as police until the council shall have appointed such officers.

If the Medical Health Officer of the municipality, or the Provincial Board of Health, require the appointment of any specified number of sanitary policemen, then such number shall be appointed.

In case the council of any municipality neglects or refuses to make the required appointments, the Provincial Board of Health may appoint as many sanitary policemen for such municipality as it deems necessary.

2. Any default on the part of the authorities of any muni-

cipality in taking immediate and effective action in carrying out the regulations of the Provincial Board of Health, or any of the Health Acts of this province, or of any Health By-law in force in the municipality, shall be at once reported by the Medical Health Officer to the secretary of the Provincial Board of Health, in order that the said Board may take such measures as it deems requisite for placing the said municipality in a position, as regards its sanitary arrangements, to effectively combat the said disease.

3. (*a*) Every physician or householder who has reason to know or suspect that any person under his charge has diphtheria, shall cause the person to be isolated until an examination of swabs taken from the throat and nose shall have proved the absence of the disease.

(*b*) The Medical Health Officer of every municipality having received information of a suspected case of diphtheria shall immediately enquire into the facts, either by consultation with the attending physician or by his own personal observation, or by both. If the characteristic symptoms are not sufficiently developed at the time of investigation, the Medical Health Officer shall keep the case under his observation until the true nature of the disease is discovered. Until the time arrives when, in the opinion of the Medical Health Officer, all cause for suspicion of danger is past, the suspected case shall be isolated and otherwise dealt with in the same manner as prescribed for diphtheria.

4. On the occurrence of the first, or any case of diphtheria in a municipality, the Medical Health Officer shall at once place the person attacked in the isolation hospital, tent, or other place provided under section 106, Cap. 248, R.S.O. 1897, and shall take proper measures for placarding houses, for the disinfection of personal clothing, and, if necessary, the destruction of clothing which may have been exposed to the contagion, and for the disinfection and purification of every house, conveyance, rail-car, steamboat, sailing vessel, carriage or other vehicle which may have been exposed to the contagion.

5. Whenever, in the opinion of the Medical Health Officer, it is absolutely necessary for the safety of the public that a case of diphtheria be isolated in a hospital or hospital tent, he shall be empowered to supply, at the expense of the municipality, a vehicle for the purpose of carrying said person to the hospital. He shall also supply nurses and such medical aid and other necessaries as in his judgment are required, and charge the cost of same as provided in section 93 of the Public Health Act.

6. Whenever the emergency demands such measures, the Medical Health Officer shall further place in another building or tent, which shall be provided by the municipality, all persons who may have been exposed to the contagion of diphtheria, and shall

cause them to be supplied with all necessaries until the period of incubation of the disease shall have elapsed, as provided under section 93 of the Public Health Act.

No children or other persons who have been exposed to diphtheria shall leave their dwelling or premises without the permission of the Medical Health Officer, who shall satisfy himself that such person or persons and their clothing are free from infection.

7. The disinfection of houses, clothing, carpets, and any other articles which may convey infection shall be carried out under the supervision of the Medical Health Officer, as provided in sections 81 and 82, of Cap. 248, R.S.O. 1897, after the sick person has been declared free from the disease as provided in these regulations.

8. Whenever a case of diphtheria has occurred in a child attending any school, the Medical Health Officer shall personally, or through another physician cause a daily examination to be made of all the children of the school for at least one week from the date of occurrence of the last case amongst such children.

If any children are absent from such school, a medical examination shall be made of them in the same manner as if they were in attendance at school.

9. Every person who has had diphtheria shall be isolated for a period of not less than twenty-eight days from the onset of the disease, unless swabs taken from the throat and nose shall sooner, by bacteriological culture, have proved the absence of the bacilli of the disease. In cases isolated, where, owing to the presence of nasal or glandular discharges, the Medical Health Officer has reason to doubt freedom from the bacilli of the disease, he shall continue the isolation of the person until swabs taken from the discharges shall, after bacteriological culture, have shown freedom from the disease.

10. In case of the death of any person suffering from diphtheria or croup, the Medical Health Officer shall at once be notified by either the physician or party in charge of the body, and the Medical Health Officer shall take such steps in the preparation of the body as he may deem necessary. He shall cause the body to be enveloped in a sheet thoroughly saturated with a solution of mercuric chloride, in the proportion of one in five hundred parts (two drachms to the gallon), or in a 5 per cent. solution of carbolic acid. An outer sheet shall also be applied to prevent evaporation. As soon as possible the body shall be placed in a coffin, which shall be immediately thereafter permanently closed. It shall be the further duty of the Medical Health Officer to see that the funeral be strictly private, and that the body be buried in some cemetery commonly used for the burial of persons dying within the said municipality, and that all infected apartments,

clothing and other effects, be speedily and thoroughly disinfected, and that no such apartments be entered or occupied by members of the family or other persons until they shall have been so disinfected. These provisions shall equally apply to all undertakers' apartments and furnishings.

Recommendation.—In view of the undoubted value of antitoxin as a prophylactic and curative measure in the prevention and treatment of diphtheria, the Provincial Board of Health would strongly urge all Local Boards of Health to provide antitoxin for the treatment and prevention of diphtheria in the poor, when affected with or after exposure to the disease, and that all medical practitioners be urged to use it both as a preventative and curative measure.

At the morning session on February 13th, Dr. Amyot reported against the adoption of the method of assisting practitioners to diagnose scarlet fever which is now used in Chicago. He said he did not believe that the true germ of scarlet fever had yet been discovered, and he was therefore opposed to making such efforts to diagnose the disease in question as would be based on the recognition of the Class bacillus.

The Board approved of the plans submitted by Listowel for a septic tank system of sewage disposal, the effluent from which is to flow to filter beds half an acre in extent. The works are based on a daily flow of 40,000 gallons. The approval is conditional upon the purification of the sewage being effective in bringing it to a certain chemical standard. In the event of the proposed plant failing to do this then extra filtering beds are to be provided.

In committee of the whole the Board discussed the experimental sewage purification work done by the laboratory of the Board last year at the town of Berlin. Dr. Amyot, the bacteriologist, whose exhaustive report of the experimental work done last summer at Berlin by himself and his assistant, Mr. Nasmith, had already been presented, then addressed the Board at some length upon the subjects referred to in his report. The conclusions arrived at were that a certain standard of purity may properly be demanded of all towns disposing of their sewage in inland waters. This standard has been attained both in England and Massachusetts, and can be arrived at by any town which supplies a sufficient extent of tanks for the treatment of one day's sewage by septic action, and by running the effluent therefrom upon either natural or artificial filtering beds. The conclusions referring especially to the Berlin sewage disposal works are that manufactories, such as tanneries and gas works, may be properly required to remove a certain amount of their wastes before pouring their sewage into the town sewers, it having been demonstrated that the sewage of Berlin is at least three times as strong as the average sewage. It also recommends that additional tank area is necessary, it hav-

ing been demonstrated that the present capacity is insufficient to ensure proper septic action. As the soil of the sewage farm is of clay, the report advises that the purchase of a neighboring property, which is higher and is composed of sandy soil, will enable the town to provide an efficient intermittent system of filtration which will supply the required standard of purification.

The report was adopted.

The report on the amended diphtheria regulations was adopted.

Dr. Cassidy moved that the Committee on Epidemics be instructed to continue their efforts to secure a thoroughly satisfactory settlement of the hygiene of barber shops.—Carried.

The Board then adjourned.

SCHOOL HYGIENE.

Sunday Schools.—It is no uncommon thing for cases of infectious disease to be traced to Sunday-school entertainments or other meetings. Three cases of scarlet fever were recently proved to have such an origin. Superintendents, teachers, parents, and physicians should bear this in mind.

Myopia.—Dr. J. E. Widmark, of Stockholm, and Dr. E. Guttman who has recently been making observations on this subject in the Eye Hospital of Professor Magnus, of Breslau, believe it is not "near work," but hyperemia of the fundus of the eye, the result of over-use, insufficient food, and the accumulation of the products of fatigue, which is the real cause of this affection.

Color-Blindness.—The power of discriminating colors depends, like every other power, on training and exercise. In 10,000 men 369 are partly or wholly color-blind, but only 9 women out of 10,000 are color-blind. Five hundred and eighty boys in the primary schools of New York, who had received a training in discriminating colors, were tested in color vision, with the result that only one was found defective. This interesting fact is stated by Alida S. Williams in the *Educational Review*.

Disease in Brooklyn Schools.—Since September 18th last 6,347 children have been excluded from attending the schools on account of disease. Of these 1,979 were excluded because of eye diseases; 2,920 for diseases of the head and body; 75 for diphtheria: 14 for measles: 40 for chicken-pox; 879 for skin diseases; 74 for whooping-cough, and 336 for mumps. A strong plea is

made by Dr. Raymond, assistant sanitary superintendent, for the appointment of more inspectors, who shall devote their time exclusively to the schools. It is stated that 4,000 pupils were found who had never been vaccinated, and 41,000 children whose first vaccination had "run out."—*Philadelphia Medical Journal.*

The Widener Memorial Industrial School.—Thirty-two acres on the Old York Road, near Philadelphia, and the sum of $3,000,000 for building and endowment, have been given by a rich man, Mr. P. A. B. Widener, for the use of children who are cripples. The school will be residential, and will offer great advantages to the scholars, who will be taught to maintain themselves at the work for which they are best fitted. This is not by any means the first benefaction from the kind giver. Mr. Widener's old home, a beautiful brown stone mansion, at the corner of Broad Street and Girard Avenue, in Philadelphia, was given to the city as a Memorial Library, in memory of his wife, Josephine Widener, who died there after a long illness. The Memorial Industrial School is in memory of his wife and his son. *O, si sic omnes.* H. M'M.

TEN COMMANDMENTS FOR THE NURSE IN THE SICK ROOM.

1. Thou shalt remove surplus rags, furniture, etc., and make ample room for thy work.

2. Thou shalt maintain perfect ventilation without draughts.

3. Thou shalt keep the patient clean and quiet.

4. Thou shalt foresee the needs of thy patients; do not let them ask for everything.

5. Thou shalt promptly remove and burn sputum, and thoroughly disinfect all culinary utensils and vessels used by the patient.

6. Thou shalt restrict visiting, loud talking, and, above all, whispering, in the sick room.

7. Thou shalt not ask the sick what he wants to eat; rather say, "I have prepared something dainty, and I want you to eat it."

8. Thou shalt not annoy the sick by telling thy troubles, sad experiences, and all thou knowest.

9. Thou shalt let in the sunshine, and try to be a sunbeam thyself.

10. Thou shalt remember that the tenth commandment is to mind thine own business, follow directions faithfully, cheerfully, and promptly, and the sick will arise and call thee blessed.—*Medical Brief.*

The Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

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Editorials.

NEW TENDENCIES IN THERAPEUTICS.

IN an able paper read at the Cairo Congress of Medicine, December, 1902, Professor Charles Bouchard, of Paris, drew attention to the success obtained by himself and others in treating local manifestations of certain general diseases by the topical application of specific remedies. Moreover, he showed that curative results ensued, although a very small dose of the agent was employed. For instance, a syphilitic patient, who had an ulcerated

gumma of the lumbar region, had received treatment with mercury and iodide of potassium, these drugs having been used singly and afterwards in combination. Mercury had also been applied by friction with mercurial ointment, and by hypodermic injection of mercurial salts in those parts of the body usually selected for such methods, but at a distance from the seat of the lesion. These treatments having proved ineffective, Bouchard injected sub-cutaneously into the periphery of the gumma, at first 1 centimetre, and subsequently 2 centimetres of a solution of iodide of potassium, each cubic centimetre containing 3 centigrammes of iodide of potassium (6-13 grain). After seven such hypodermic injections of from 3 to 6 centigrammes of iodide of potassium (6-13 to 12-13 grain), the gumma sunk below the level of the patient's skin and cicatrized. Under similar conditions, after experiencing failure from a general treatment with specifics of another patient, who had a gumma, the tumor disappeared after three injections, containing 6 centigrammes each of iodide of potassium (12-13 grain). Bouchard does not discredit general specific treatment in syphilis. He thinks it is always required, but he holds that, with or without general treatment, a practitioner by employing the local treatment indicated above, can cure an isolated lesion, or one the progress of which has been checked, and may thereby rapidly get the better of certain unsightly, painful and dangerous manifestations of syphilis, such as those appearing on the face, the eye and the tongue. He even hopes that in the future we may succeed in thus curing the deeper lesions of syphilis.

In rheumatism (not the gonorrheal form) equally beneficial effects have been obtained from hypodermic injections of salicylate of sodium. This result has been more particularly observed when the rheumatic affection is no longer increasing, or when it no longer exists as a general disease, but has left certain persistent vestiges behind it, and especially in cases in which it assumes a local type at the very beginning of the attack.

Bouchard states that an injection *in situ* of 3 centigrammes of salicylate of sodium (6-13 grain) cured a case of marked arthritis, and that he cured a case of arthritic effusion into a joint by injecting 10 to 20 centigrammes of this salt (1 7-13 to 3 1-13 grains), dissolved in 2 and 4 cubic centimetres of water respectively. He also tried it successfully in sciatica, in the severe neuritis of

zona, and also in painful muscular contracture of the adductors of the thigh, making the injections into the tendinous insertions of these muscles. He has several times observed that, in cases of commencing pleurisy, an injection of the salicylate has relieved the pain in the walls of the thorax and caused the pleurisy to recede. He guards himself by saying, that even when successful in relieving rheumatism of an acute or an erratic type by this treatment, the practitioner should not consider it as all-sufficient. It lowers febrile temperature if the disease is monarticular; but does not prevent the development of arthritis in other joints, or the invasion of the larger serous membranes. In such cases general treatment must be continued. If it is insufficient, the local treatment will prove useful.

Bouchard thinks that the rationale of cure by his method is that the specific acts on the diseased part in a proportion, which renders it antiseptic to it, without its ulterior diffusion into the surrounding parts of the organism rendering it a toxic agent. He illustrates this remark by showing that, if 5 grammes of sulphate of quinine were dispersed through the totality of the body of a man weighing 50 kilogrammes, this man would have in each kilogramme of his body, and consequently in each kilogramme of his nervous system, 1 decigramme of the drug, which might be sufficient to cause his death. But the quinine could be introduced into the man's cellular tissue in the proportion of 200 to 1,000, a proportion 2,000 times stronger, without doing any damage to the cellular tissue.

He also thinks it possible that the hypodermic injection of specifics in small doses may excite solicitation of the natural acts by which the animal economy struggles against infection.

Bouchard shows that the ophthalmic surgeons have preceded general practitioners in local therapeutics by applying specific and non-specific medicines, mercury, idoin, eserin, atropin, and pilocarpin as closely as possible to the diseased parts. In applying local treatment to the local fossæ to relieve coryza, the practitioner seeks to prevent a generalisation of an infection towards the respiratory organs. The local application of cocain to the nasal mucous membrane arrests an epistaxis, even when due to a cirrhosis, and a few drops of a 1-1000 solution of adrenalin applied superficially to a bleeding pile arrests the hemorrhage and causes the pile to wither. On two occasions he has observed a disquieting

hemoptysis checked by a hypodermic injection of adrenalin made into the trachea.

He stated that while medicine combats infections by general means, it employs the local method more and more, either because the latter exercises an antiseptic effect or because such treatment evokes antitoxic acts in the organism, and by such means becomes really curative. He finished by declaring that modern therapeutics seeks its inspiration in the doctrine of infection, which is the principal medical glory of the nineteenth century, and which will receive further expansion during the twentieth century, thus preserving the teaching and the memory of these two benefactors of all the ages, Pasteur and Lister. J. J. C.

VITAL STATISTICS OF ONTARIO FOR 1901.

THE report of the Registrar-General of Ontario for 1901, showing the births, marriages and deaths in the province for that year, has just appeared, and we take occasion to place a few excerpts from it before our readers. The population of this province is computed at 2,184,144, and the registered births number 46,061, as against 46,127 in 1900, being a rate of 20.1 per 1,000 for 1901. Compared with European countries and some of the American states, the Ontario birth rate is decidedly low. It may be that all the births are not recorded, but this objectionable neglect of registration is not peculiar to Ontario. The birth rate in England and Wales in 1899 was 29.3; in Scotland, 30.5; in Norway, 30.9; in Massachusetts, 25.8; in Rhode Island, 25.9. Among the cities, the highest birth rate, 27.5, was in Ottawa, where there is a considerable French-Canadian element in the population; the lowest, 17.1, was in Belleville.

There were 18,035 marriages in 1901, a rate of 8.2 per 1,000, which compares favorably with that of England and Wales for 1900, viz., 8. The total is, however, in excess of the actual marriage rate of this province, since at certain border cities and towns, especially Windsor, Sandwich, Sarnia, Kingston, and Brockville marriages are regularly effected between persons who are residents of the United States. The Windsor rate, 68.5, is marvellous, and is largely due to the influx of strangers bent on matrimony. Persons from the new settlements also go to points where licenses and the services of clergymen are available. Thus Bracebridge

has a marriage rate of 16.5; L'Orignal, 15.6, Lindsay, 13.3; Napanee, 21.0.

There were 29,608 deaths in 1901, a mortality of 13.6, which certainly speaks well for the salubrity of our climate, the effective action of municipal and provincial sanitary authorities, and the rarity of epidemics.

A remarkable circumstance in connection with the mortality of the year is the number of persons dying at threescore and more years. Thus there were:

	Deaths.
Between 60 and 69 years	3,036
" 70 " 79 "	4,051
" 80 years and over	3,336
Total	10,423

Or, 35 per cent. of the total deaths for 1901. Many of these were the deaths of pioneers, the sturdy men and women who emigrated to this country between 1840 and 1860, and helped to reclaim Ontario from the forest condition. On the other hand, the percentage of deaths in the 1-4 year period is small, viz., 28.2 per cent. of the total deaths. This circumstance would be a matter for congratulation, were it not that it is partly due to a low birth rate. To illustrate this point, we may cite Scotland, where the birth rate for 1899, being 30.5 per 1,000, the percentage of deaths for the age period 1-4 years, was 32.06. Deaths from the more noted communicable diseases were not numerous. From typhoid fever there were 500, as against 682 the previous year. There were 7 deaths from smallpox, out of 3,000 cases, a mortality of less than one-fourth of 1 per cent. Other deaths were: Measles, 181; scarlatina, 268; whooping cough, 166; diphtheria and croup, 772; influenza, 694. Of deaths from diphtheria and croup, Toronto recorded 174. Throughout the province the mortality from influenza was larger than the previous year, when there were 324 deaths from this cause.

Pyemia and septicemia were responsible for 572 deaths. This is a large number, and it appears that in cities at least the great majority of decedents were women. Cancer caused 1,094 deaths. The deaths from tuberculosis were 3,405, or 241 less than the previous year. Of late years the deaths from tuberculosis in Ontario have been: 1897, 3,145; 1898, 3,291; 1899, 3,401; 1900, 3,484.

Of deaths from tuberculosis, 994, or 30.65 per cent. of the deaths from that cause, occurred in the cities; in 1900, the mortality from the same cause in cities was 1,081, or 31.02 per cent.

As a slight summary of some of the more important information respecting births, marriages and deaths in Ontario for 1901, the following table, a modification of one of those found in the Registrar-General's report, is presented:

Cities.	Population.	Ratio to 1000 of the population. Births.	Marriages.	Deaths.
Toronto	208,040	21.4	10.3	16.5
Hamilton	52,634	18.7	9.7	15.4
Ottawa	59,928	27.5	9.5	22.7
London	37,981	18.6	9.3	15.9
Kingston	17,961	17.8	10.2	21.0
Brantford	16,619	25.4	11.1	15.5
St. Thomas	11,485	17.1	12.9	14.5
Guelph	11,496	19.6	8.2	13.6
St. Catharines	9,946	20.9	8.4	16.9
Belleville	9,117	17.1	10.3	16.8
Stratford	9,959	17.4	6.7	13.9
Windsor	12,153	21.2	68.5	15.5
Chatham	9,068	14.5	15.0	15.8
Woodstock	8,833	19.3	8.6	17.1
	475,220	21.1	11.5	17.0

J. J. C.

DR. UZZIEL OGDEN'S JUBILEE.

Dr. Uzziel Ogden, of this city, recently celebrated the fiftieth anniversary of his professorate at Toronto University. It is now a little over fifty years since Dr. Ogden delivered his first lecture in medicine at Dr. Rolph's medical school, and Dr. R. A. Reeve, Dean of Toronto University Medical Faculty, tendered a dinner in his honor a few weeks ago, at which a few medical friends were present to congratulate their confrere on his successful career as a teacher of medicine.

Dr. Ogden began to study medicine in 1845 in the Toronto School of Medicine, Dr. Rolph at its head, the lecture hall being a part of Rolph's stable. The dissecting room was in the loft above. In 1849, Dr. Ogden took his license from the Medical Board and at once went to the then village of Aylmer, Ont., where he quickly acquired a large practice. The three years or more spent at Aylmer were full of associations pleasant to be remembered, and that Dr. Ogden has not been forgotten was evidenced by an invitation received last autumn urging him to be present

at an anniversary of the Bible Society, the Aylmer branch of which he had helped to organize, and of which he had been the first president. In 1852 Dr. Rolph went into the Government, and his colleagues were left to look about for fresh forces to strengthen the Faculty. At a consultation held over the matter, Dr. Joseph Workman said, "If you can persuade Ogden to come back to Toronto and go into the School, you will make it a success." An invitation to return was at once sent to him, and after some consideration, at the cost of giving up a lucrative practice, he consented to take a place in the School. After his return he

DR. UZZIEL OGDEN.

took his M.D. at Victoria College, and entered Toronto University as an occasional student, where he attended lectures for two or three years, on subjects calculated to help him in his own lecturing. He first took the chair of Physiology, afterwards transferring to Materia Medica, Therapeutics and Midwifery. After some years additions were made to the Faculty, and the chair of Midwifery was assigned to Dr. Hodder. On the death of Dr. Hodder, other additions were made to the Faculty, Dr. Ogden handing over to the newcomers Materia Medica and Therapeutics and again taking Midwifery and Diseases of Women and Chil-

dren. This position he held until the establishment of the Medical Faculty in the University, seventeen years ago, when he was appointed to the newly-established chair of Gynecology, which he held until his resignation in January of this year.

In 1853 he was appointed physician to the Protestant Orphans' Home, just then founded, through the generosity of the famous singer, Jennie Lind, a position held by him for nearly thirty years. More than once substantial tokens of appreciations from the Board of Management attested to his faithfulness and tenderness in the care of his little patients, and he was also made a member of the staff of the Sick Children's Hospital when that institution was first established, and was appointed to the staff by the Board of the Home for Incurables at its beginning. He was appointed physician to the House of Industry in 1861, a position which he still fills, and was made a member of the staff of the General Hospital in 1878, having twice previously refused appointment in favor of his friends, Henry H. Wright and W. T. Aikens.

He was Dean of Victoria Medical Faculty from 1880 until the College went into confederation with the University of Toronto in 1892. He was also Dean of the University Faculty for three years. He was a member of the old Provincial Medical Board of Examiners for many years, at one time holding the position of secretary. He was for a time editor of the *Canadian Journal of Medical Science*, now known as the *Canadian Practitioner*.

One by one the University of Toronto has lost from its staff four men, giants in their day, H. H. Wright, W. T. Aikens, James H. Richardson, and Uzziel Ogden—men of whom any medical school and city may well be proud—whose places a younger generation strive to fill.

From the apprenticeship and saddle-bags of the old-time doctor to the modern physician, with his automobile; from a loft in the stable to the palatial dissecting room of the Biological Department, seems a far cry, yet such are the extremes in the professional life of Dr. Uzziel Ogden, who has, after over half a century as a teacher of medicine, resigned the chair of Gynecology in the University of Toronto.

To have taught and to have practised medicine for the fifty years during which the healing art has made its greatest advances; to have seen the introduction of chloroform, ether and cocaine, to

have realized the marvels of antisepsis and asepsis, to have witnessed the growth of abdominal surgery, and the wonders of the Roentgen rays, is a lot one may well envy him.

Dr. Ogden has always been known as a thorough and conscientious teacher to whom the practical was of greater importance than the theoretical, whose first and last consideration was not the self-glory of the lecturer, but the education of his students, and the welfare of their future patients. Naturally shy and diffident, Dr. Ogden has always been free from the vulgar desire to shine in the public eye, but who shall estimate the influence of one who has had a hand in the education of nearly three generations of practitioners.

May he in retiring from the professional chair long continue to enjoy the *otium cum dignitate* so worthily won, his teaching ever green in the memory of his students, his life and example their emulation. W. A. Y.

IS MENTAL ILLNESS A CRIME?—SURELY NOT.

Again has come to the public notice the heart-rending condition of Toronto's insane, when poor, while awaiting (?) admission to one of the asylums. For the benefit of those who reside elsewhere may we repeat again briefly the facts of the situation: If a person of means becomes insane, their family can pay two physicians, and if they in turn pronounce the case a suitable one, the person is immediately admitted (if there is any room at all) to a "pay ward" in one of the Insane Asylums. If the unfortunate person, however, be very poor, he is placed under arrest, driven in a patrol waggon to the police station, arraigned before the magistrate, referred to the jail physician, and, if pronounced insane, confined in the county jail, awaiting a possible recovery, it may be, years hence. The asylums, in the free wards, are filled almost to overflowing, and even the recent opening of "Rockwood" Hospital for the Insane at Kingston, has only temporarily relieved the congestion. Now, here's the rub: the poor, mentally diseased one must remain indefinitely in the ward in the jail until room somewhere can be made for him. Is not this surely putting the misfortune of a mind diseased on a par with crime?

The Provincial Government, on the one hand, say they have done what they can to provide asylums (which we much prefer to

call Hospitals for the Insane), and that it is the duty of the city of Toronto to provide a tarrying place for its insane paupers until they can be made room for in the regular Institutions—and so the fight goes on, and the poor victim suffers, grows hopelessly incurable, and often dies amid shamefully unsuitable surroundings. In the name of humanity, cannot some one Corporation do something, no matter whether it is clearly defined as under their departmental duty or not? If not—will not another Carnegie, a Canadian this time, arise and erect an Institution for the temporary accommodation of such unfortunates?

All hats off to our confrere, Dr. John Noble! He has recently had something worth saying on this subject in his capacity as alderman, and he has spoken in clarion tones. Let something more than an echo be his answer. W. A. Y.

EDITORIAL NOTES.

Etiology of Infantile Scorbutus.—This disease, which has been described by Barlow, is said to be much more common in the United States than in Europe. It is almost solely confined to hand-fed infants, especially those reared on infant foods, including condensed milk, etc. An investigation of the American Pediatic Society (*Medical Record,* July 2nd, 1898) showed, that of 379 cases, the majority occurred between the ages of 7 and 14 months, inclusive, and that the disease has a greater tendency to occur among the children of the well-to-do. One of this committee's conclusions was as follows: "The farther a food is removed in character from the natural food of a child, the more likely its use is to be followed by the development of scurvy." Baginski reports that although infantile scurvy is partially observed in infants fed on sterilized milk, it has also occurred in other infants nursed at the breast. It seems to be generally recognized as true that repeated heating and overheating of the milk used in feeding hand-fed babies, exercises a powerful etiologic function in developing this disease. Some observers think that over-feeding constitutes an etiological feature of the disease. Budin, of Paris, says that it would be more satisfactory to all concerned if pediatrists would, when reporting cases of Barlow's disease, give particulars not only as to the kind of milk employed, but also the quantity of milk used.

Do Mercury and Iodide of Potassium Penetrate Beyond the Meninges?—Several physicians in France have made observations on this important question, notably Dr. Sicard, and recently Drs. Lannoy and Leroux. Dr. Sicard says that the meninges are impermeable to these remedies. In one case only of chronic hydrargyrism, reported by Dr. Raymond, had Dr. Sicard been able to discern minute traces of mercury in the cerebro-spinal fluid. In two other cases of chronic hydrargyrism arising from professional avocations, not so well marked as the preceding one, no mercury could be found. Chemical analysis similarly failed to reveal any trace of mercury in the cerebro-spinal fluid of three patients who had tabes and had been put on an intensive treatment by injections of gray oil, these results made with gray oil coinciding with those made by Drs. Lannoy and Leroux with calomel. Dr. Sicard thought these results might help to explain the uselessness of mercurial treatment in checking the progress of certain syphilitic affections of the nervous system. He even went so far as to say, that they might justify the employment of subarachnoid injections of soluble mercurial salts in cases of syphilis of the nervous system, which had proved rebellious to all kinds of treatment.

A Compliment to Parke, Davis & Co.—In *Progrès Médical,* January 10th, 1903, appears a lengthy paper entitled, "The Employment of the Extract of Suprarenal Capsules and its Alkaloid Adrenalin," by Dr. Suarez de Mendosa, which was read before the Society of Medicine of Paris, 27th December, 1902. After quoting from the literature of the subject remarks made by several writers on the use of adrenalin in internal medicine, he proceeded to show from his own experience, its great hemostatic powers in the surgery of the eye, ear, nose, and throat. He stated incidentally that he has used in his practice the solution of adrenalin, 1-1000, made by Parke, Davis & Co., of London, and another preparation made by Clin & Co., of Paris, which had also given satisfaction. For a French surgeon speaking to Frenchmen, at a regular meeting of a scientific society, this notice of an American pharmacist is flattering. We reproduce it in this journal with pleasure.

Intimate Relations Between the Heart and the Lungs.—In *Wiener Medicinische Wochenschrift,* June 14, 1902, Burwinkel alludes to the intimate relations existing between the heart and the lungs. In a certain sense the functions of the heart and the lungs

supplement each other; for instance, when the activity of the heart is lessened, the increasing activity of the respiratory function annuls the hurtful influence of pulmonary stasis by increasing the activity of the process of oxidation. It has for a long time been noted that consumptives are immune to valvular heart affections. On the other hand, patients who have a hereditary tendency to cardiac weakness, to gout, to arterio-sclerosis, offer a bad soil for the growth of tuberculosis, but of 1,225 autopsies Burwinkel found only 52 tubercular cases, which revealed the lesions of arterio-sclerosis, and in 27 of these cases the arterial degeneration had assumed the most chronic character, and appeared quite stationary. Burwinkel thinks that emphysema is a cause of arterio-sclerosis. Two factors, according to him, predominate in the genesis of arterio-sclerosis: a slowing of the blood circulation in the walls of the blood-vessels, and an alteration in the liquor sanguinis. Both these conditions are observed in emphysema.

Hypertrophic Cirrhosis and Chronic Icterus.—Dr. Gerundel, who has studied histologically two cases of Hanot's disease, reports as follows: In spite of an evolution of several years (six years in one case, three years and a half in the other), an examination of sections of these livers, in a series, revealed the complete integrity of the biliary passages. Neither angiocholitis nor periangiocholitis could be discovered, and Glisson's nodules (inflammatory nodules) were quite independent of the biliary passages. He concludes, therefore, that it is impossible to trace the sclerosis as well as the chronic icterus observed in cases of this disease to a prior biliary lesion. Consequently the term biliary cirrhosis cannot be applied to this category of facts, and the icterus present should be ascribed to the hepatic cells. Dr. Gerundel thinks that the icterus present in Hanot's disease is derivable from the secreting and not from excreting element of the organ,—is a hepatitis and not an angiocholitis.

A Notable Work in Medicine.—Dr. Sajous, of Philadelphia, whose "Analytical Cyclopedia of Practical Medicine" is favorably known, is about to issue an important work, dealing with modern views as to the true origin of diseases and diseased conditions, and also the methods by which therapeutic agents control these morbid manifestations. We have had the privilege of looking over advanced sheets of the preface and summary of con-

tents of the first volume, which would seem to suggest "that the ductless glands afford elements for future labors leading to a new era in practical medicine." Special pharmaco-dynamics and physiological pathology, both subdivisions of Applied Therapeutics will be considered in the second volume. Dr. Sajous writes to say that the first volume will appear in the latter part of February, and the second one a few months after the first one. The work promises to be highly interesting and instructive.

Relative Merit of Butter or Oil in Cookery.—Recent experimental work done by P. Carnot and Miss Deflandre show that subsequent to the digestion of fatty matters, the quantity of liver fat revealed by the action of osmic acid on a section of liver substance was considerable. The quantity of fat obtained from the liver was much greater after the ingestion of butter than after cod-liver oil, and particularly neat's-foot oil. Vegetable oils, such as olive oil, are not so well assimilated by the liver as animal oils. In one experiment, for instance, the proportion of liver fat, which was 7.03 per cent. six hours after the ingestion of 10 grams of butter, was only 2.60 per cent. six hours after the ingestion of 10 grams of vegetable oil. From the superior ease of assimilation possessed by animal oil over vegetable oils, the advantage of the former for culinary use is readily established.

Action of Quinine on the Uterus.—After the inception of labor quinine frequently seems to stimulate the uterine contractions. It also increases a scanty menstrual flow. There appears to be no authoritative evidence that quinine is an abortifacient. O. Frecrici reports in *Clinica Ostetrica* that, during the summer of 1901, he treated several pregnant women with quinine, which was required for malarial attacks. There were in all 49 cases—in 47 the cases terminated normally in the birth of a living child. Two of the patients miscarried. Frederici thinks that miscarriage resulted in these cases from the severity of the fever. He thinks that medical doses of quinine cannot cause miscarriage, and that this drug may be safely given during pregnancy. J. J. C.

A Man Worthy of the Honor.—To-day as an inspiration, and to-morrow, perchance, as a lasting memory, the pupils of the venerable and respected James H. Richardson wish, by the help of an artist through the media of canvas and brush, to have looking

down on them from the walls of Varsity the face of their old teacher in Anatomy. The pleasure will indeed be unalloyed, as the original and the copy are to be placed, we believe, *vis-a-vis* at the dinner table on the presentation evening, where an almost unprecedented toast is to be honored—think of it—to the health, happiness, and continued usefulness of the physician who for fifty years has been the able and convincing teacher of Anatomy in Toronto. W. A. Y.

Regulations of the Provincial Board of Health Respecting Diphtheria and Scarlet Fever.—Readers of this journal, who are interested in the new regulations respecting diphtheria and scarlet fever, will find a text of these regulations quoted in full in our report of the first quarterly meeting of the Provincial Board of Health of Ontario. (*Vide* page 186.)

An Erratum.—An error occurred in a quotation from Dr. Amyot's report of the analysis of Berlin sewage (Canadian Journal of Medicine and Surgery, Feb., '03, p. 131). Instead of "parts per 1,000,000," it should have been "parts per 100,000." All the other figures are correct.

PERSONALS.

Sinclair.—At Woodstock, February 14th, the wife of Dr. D. J. Sinclair, of a son.

Dr. MacNamara was reappointed Medical Health Officer of Toronto Junction last month.

Thorburn.—In this city on the 12th ultimo, the wife of J. D. Thorburn, M.D., of a daughter.

Maclean.—At Meaford, on Monday, February 16th, 1903, Surgeon Lieut.-Col. Caird Ryerson Maclean, in his 66th year.

Dr. C. M. Foster, of 1101 Yonge Street, and his sister, Miss C. Foster, left for Boston, to sail on the 18th ult., for Jamaica, to spend a couple of months or more.

The following Canadians were successful at the recent January examination in medicine and surgery for the membership degree, M.R.C.S. and L.R.C.P. of London, England: R. C. Redmond, Lansdowne; W. T. Frizzell, M.B., Owen Sound; Drs. Pope and Robinson, Montreal.

Dr. J. Algernon Temple expects to move into his new residence on Bloor Street West next month.

Dr. G. R. McDonagh left for the South on the 9th ult., but will return and be in his office again on the 15th inst.

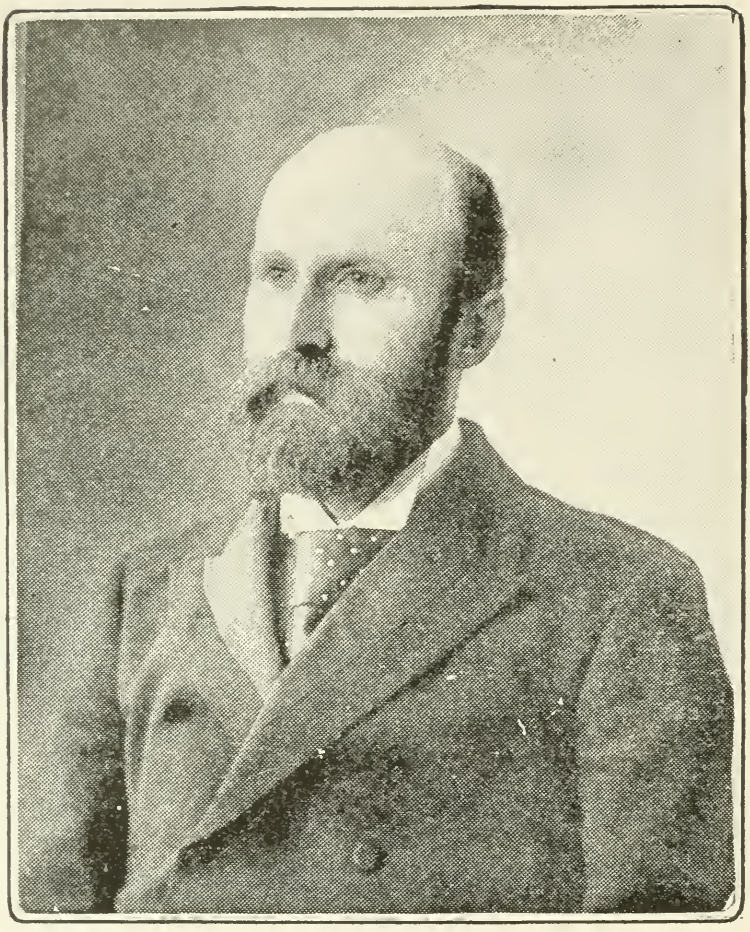
We are glad to be able to announce that Dr. J. H. Lowe, of 154 Crawford Street, has recovered from his recent illness.

Dr. Perry G. Goldsmith, of Belleville, has been appointed oculist and aurist to the Deaf and Dumb Institute of Ontario. We think those responsible for making this appointment have done the institute a good turn in choosing Dr. Goldsmith, who is now looked upon as a very able practitioner in diseases of the eye and ear.

Dr. R. B. Granger, for many years managing editor of the *New York Medical Journal,* wishes to inform his medical friends and acquaintances that he has become associated with the medical publishing house of W. B. Saunders & Co., of Philadelphia, as its representative in New York city. A fine set of offices has been opened in the Fuller Building, at the junction of Fifth Avenue, Twenty-third Street and Broadway, where he will be happy to receive all who honor him by calling.

The Canadian Medical Exchange for the purchase and sale of medical practices and properties, under the charge of Dr. W. E. Hamill, is an important department of medical affairs, and is of great service and benefit to those who wish to buy or sell a practice, and it is fortunate that it is in the hands of such an able business confrere as Dr. Hamill, who has for 10 years proved himself an expert along medical transfer lines, and we advise our readers to take advantage of his accumulated experience when wishing to either buy or sell a medical practice.

Dr. J. Orlando Orr was appointed on February 7th Manager and Secretary of the Industrial Exhibition. Dr. Orr, who is in his forty-second year, is the son of Mr. W. A. Orr, now of Parkdale, but formerly a farmer in Vaughan Township, where the new manager was born. Dr. Orr's first public school teacher was Mr. W. J. Gage, head of the well-known and prosperous firm of W. J. Gage & Co., Limited. After passing through the public school and Grammar School, the doctor graduated from the University of Toronto, and afterwards took a course in bacteriology and public health at King's College, London, Eng. He first entered the City



DR. J. ORLANDO ORR.

Council, as alderman, in 1890, and was re-elected for 1891-92-93, retiring after the completion of the latter term, and making a tour of Europe. For two years he was chairman of the Parks and Exhibition Committee of the City Council, and was the first chairman of the Technical School Board. He has been actively associated with the Exhibition almost since he entered the City Council, and was vice-president of the board during the past year. His fellow-directors have always had the greatest confidence in him, and they believe events will amply justify their unanimous choice of him as manager and secretary. We congratulate Dr. Orr on his appointment.

Items of Interest.

Polk's Medical Register.—The eighth revised edition of this well-known work is now under way, and will appear in due time. Send for descriptive circulars, and do not be deceived by imitators. Polk's Medical Register and Directory has been established sixteen years. R. L. Polk & Co., Publishers, Detroit, Mich.

Russian Universities.—The Report of the University of Jurjew (Dorpat) for 1902 shows that during the course of that year the degree of doctor of medicine was conferred on six, and the diploma of medical practitioner on 144 persons. The total number of students on the books of the University of Kieff in December, 1902, was 2,441. Of this number, 537 belonged to the Medical Faculty.

Torontonians Granted License.—The following Toronto graduates were, at a meeting on February 2nd, granted licenses to practice physic in England by the Royal College of Physicians: G. W. Badgerow, Toronto and University College, London; W. T. Frizzell, Toronto and University College London; S. H. McCoy, Toronto University; Mr. G. W. Howland, B.A., M.B., Toronto, L.R.C.P., Toronto Hospital and University, was admitted a member of the College.

A Famous Surgeon's Retort.—Sir James Paget, the famous surgeon who attended Queen Victoria, was staying at a country house with another surgeon of great fame, and somehow the talk had turned on the number of letters which each received. When the post arrived only one or two letters came for Sir James Paget, while his friend received an imposing batch. The friend proudly called attention to his mail, and Sir James Paget, with a twinkle in his eye, observed, "Yes, but I see yours are all in black envelopes."

Dr. Munroe is Dead.—Dr. D. Munroe, one of the most prominent physicians of Perth, Ont., died suddenly on February 6th, at his home of heart failure. He was born in the township of Lanark, and was a son of the late Dr. D. Munroe. He practised his profession in Lanark village until about the year 1882, when he moved to Winnipeg and practised in that city for a short time. Returning for his family, he was prevailed upon to remain and practice in Perth. Deceased was 61 years of age, and leaves behind him to mourn his loss a widow and two daughters.

Congress of Russian Surgeons.—The Congress of Russian Surgeons held its third meeting at Moscow from December 30th, 1902, to January 2nd, 1903, under the presidency of Professor W. Rasumowski, of Kasan. About eighty surgeons attended the Congress. The principal subject of discussion was the treatment of surgical tuberculosis. The next meeting of the Congress will be held at St. Petersburg in 1904.

Medical Faculty of Toronto University Seeks Money to Complete Building.—A deputation representing the medical faculty of the University of Toronto waited on Premier Ross on February 9th, and asked for an additional loan of $50,000 to provide for the completion of the new building. The previous arrangement was for a loan of $125,000. The deputation included Dean Reeve, Dr. John Hoskin, Chairman of the Board of Trustees: Drs. McCallum, Mackenzie, McPhedran, Primrose and Starr. The Premier received the deputation very courteously, and made what amounted to a promise that the money would be forthcoming.

Memorial to Professor John Young, Glasgow.—Steps are being taken to raise a memorial to the late Dr. John Young, Professor of Natural History in the University of Glasgow, and a committee of about sixty members has been formed for the purpose of carrying out the intention. The committee is very desirous that all old friends and pupils of Professor Young should have this matter brought to their knowledge so as to give them the opportunity of contributing if so disposed. It is intended that the memorial shall be identified with the Hunterian Museum (founded by Dr. William Hunter) in Glasgow University, and that it shall include a likeness of Professor Young.

Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are Dr. Isidor Albu, of Berlin, some time professor in the Medical School of Teheran, Persia, aged 67; Dr. Alfred Kast, Professor of Medicine and Director of the Medical Clinic in the University of Breslau, aged 46; Dr. Bernardo de Serra da Mirabeau, for many years Professor of Physiology, and some time Dean of the Medical Faculty in the University of Coimbra, aged 87; Dr. M. Lawdowski, Professor of Histology and Embryology in the Military Medical Academy of St. Petersburg; Dr. M. V. Pereira, Professor of Clinical Surgery in the University of Bahia; and Dr. Carl Wenzel, formerly Surgeon-General of the German Navy, aged 71.—*Lancet.*

Gravenhurst Sanitarium in Need.—The Executive Committee of the National Sanitarium Association has issued an open letter, asking for aid for the Hospital for Consumptives at Gravenhurst. The letter states that the pressure on the increased accommodation has become very great, and further admissions are necessarily

refused, until further extensions are made. Buildings to accommodate at least fifty more patients are said to be immediately required. The institution has now an overdraft of $10,709 in the Imperial Bank, and the estimated shortage between revenue and maintenance account for the year is $20,000, making total obligations of $31,709. The cost of the increased accommodation required is placed at $10,000, so that $41,709 is required by the association. Subscriptions may be sent to the National Trust Co., King Street East, Toronto.

Toronto University Senate.—At the last meeting of the Senate of the University of Toronto a statute was passed providing that the gift of $200 from the Board of Trade of the city of Toronto should be divided into two scholarships of $60 and $40 respectively, to be awarded to the students who matriculate and enter on the commercial course in October, 1903, and into two scholarships of the same amount, to be awarded at the examination on the first year's work in May, 1904. The examiners in pharmacy for 1903, are as follows: Pharmacy, Dr. Harrison; prescriptions and dispensing, Dean Heebner; chemistry, Dr. Chambers; materia medica, Dr. Fotheringham; botany, Dr. Paul Scott. Miss A. M. Rowson has been appointed examiner in French and German for agriculture. I. H. Rumble and J. H. Roebuck were admitted to the degree of B.A., and W. H. Anderson to that of M.B.

Foreign Practitioners in Spain.—The Spanish law of September 9th, 1857, gave to the Government, acting on advice of the Council of Public Instruction, power to recognize medical studies pursued abroad, and to grant to persons holding a regular diploma obtained in another country the temporary right of practising medicine in Spain. On the downfall of Queen Isabella, a more liberal spirit prevailed, and on February 6th, 1869, Senor Zorilla issued a decree declaring that foreign degrees should be held as equivalent to Spanish, and granting foreign doctors the right to practice in Spain, on production of their diplomas and payment of 500 pesetas ($100). This ministerial order has recently been rescinded. A royal decree, dated November 7th, 1902, revives the law of 1857, but suspends its application till a new ordinance has been promulgated. Foreign doctors now practising are to be compelled to comply with the new enactment within six years.

Reed & Carnrick's New President.—Reed & Carnrick are to be congratulated upon the election of Dr. Edwin Leonard, Jr., to the presidency. This action is along the line, which we have attained, that a sharp demarcation must be drawn between reputable pharmaceutical houses and those mushroom growths, which treat the physician in a most unethical fashion. The election of Dr. Leonard, who is an alumnus of Amherst, and received his

medical degree from Harvard, and has had years of training in three of the largest and best-known hospitals of Massachusetts, and is also a member of the American Medical Association, the Massachusetts Medical Society, and other similar medical and scientific societies, starts a new and pleasing era that sooner or later must be followed by other reputable houses, *i.e.*, that the control of pharmaceutical products should be in the hands of trained medical men. We feel assured by the action on the part of Reed & Carnrick that the high standard of their products will be maintained.

Contract Medical Practice.—The *Fleetwood Gazette* states that the medical men of Fleetwood have notified the members of the Oddfellows, Mechanics, Rechabites, and Orangemen lodges that in future the rate for medical aid must be 4s. a member, with a fee of 1s. for each adult member examined on entrance to a lodge. At a joint meeting of the members of the lodges, held recently, it was decided, after a long discussion, to offer 3s. 6d. a member: and it was suggested that if this was not accepted the services of a medical man should be obtained for the different societies, and that he should be guaranteed a salary of £180 a year. The rate of 3s. 6d., we are informed, has not been accepted by the medical men, and every one who has looked into this question must be aware that such terms cannot be remunerative. It appears that the clubs in Fleetwood have hitherto been paying 2s. 6d. a year, and have thus existed through the charity of the medical profession. In our opinion it is a disgrace to working men who desire independence and fair dealing to offer such rates.

"Biochemisches Centralblatt."—The great strides made in medical chemistry and in those fields of medicine verging on chemistry necessitated the publication of a central organ. This is now published in Berlin by Carl Oppenheimer, under the direction of Ehrlich, Fischer, Kossel, Liebreich, Muller, Proskauer, Salowski, and Zuntz, and they have appointed Heinrich Stern, of New York, editor for the United States and Canada. The object of the publication will be: (1) To report such experiments and observations of physical and employed chemistry, which are of importance to the physician. (2) Reports on the physiology of plants. (3) Physiological chemistry in the narrower sense (constituents of the body and their derivates). (4) Chemistry of the tissues and organs under normal and pathological conditions. (5) Chemistry of digestion, secretions and excretions, metabolism and blood. (6) Ferments and fermentations, toxins of a non-bacterial nature. (7) Chemistry of the pathogenic, micro-organisms (toxins, antitoxins), phenomena of immunity. (8) Toxicology and pharmacology. (9) Hygienic chemistry, disinfection, examination of water. As this is the only international organ devoted

to these scientific fields, American observers and investigators will find it to their interests to prepare abstracts of their papers which have appeared since January 1st, and will appear hereafter, and send them to Heinrich Stern, No. 56 East Seventy-sixth Street, New York City.

Two Retirements from McGill University.—The action of the Board of Governors of McGill University, in retiring Dean Johnson and Professor Clark Murray of the Faculty of Arts is defended by Principal Petersen. He remarked that in almost every university it was the custom of the Governing Board to fix an age limit at which professors might or might not be pensioned off, according to the option of the Board. In several institutions this age limit was fixed at 66 years. No such limit, however, had been placed at McGill. On the contrary, it was felt that the question of age was one that should be largely left to the discretion of the Board of Governors. No professor, said the Principal, had a right to expect that he would be continued in service until he dropped in harness. With respect to the retirement of Dean Johnson and Professor Clark Murray, the Principal stated that the conditions governing such retirement were considered to be most generous. Each would remain in active service until September next. Then their active connection with the University would cease. But for two years longer they would each receive their present salary in full. Then they would be paid an adequate and generous pension. Dr. Petersen denied that it was the intention of the University authorities to retire all their old professors. It was learned that Dean Johnson and Professor Murray were permitted to resign, and that their resignations were accepted at a special meeting of the Board of Governors on Tuesday last.

The Uselessness of Kernig's Sign.—In 1884, when Kernig described what is now known as his sign, *i.e.*, inability to extend the leg passively and fully when the thigh is flexed at right angles to the body, he asserted that it was pathognomonic of some form of meningitis. Afterward, from time to time, various observers noted its presence in cases of epidemic cerebrospinal meningitis and tubercular meningitis. But it was not by any means constant in either form of the disease. In 1898 Netter again discussed the regular presence of this sign in all cases of meningitis. These statements led to renewed investigations, and the results have not been at all similar. Men who have written books, Rotch, Griffith, Holt Cromby and others, state that it may or may not be present in meningitis. Some find it more often in epidemic, others in tubercular meningitis, but never constantly in either. In a recent article, Randolph (*American Medicine,* November 8, 1902) says that he has found Kernig's sign in a great number of patients with other

diseases, in fully 60 per cent. of children suffering from various disorders, and most observers agree with him. In fact, many clinicians have observed that, in conditions in which there is rigidity of all the muscles, Kernig's sign is often easily elicited. But it is never found in healthy, active children. Randolph explains that, when the cerebellum is irritated, this sign is present in cases of meningitis; when it is absent the meningitis is probably not situated near the cerebellum. But from all this there remains one simple conclusion, namely, that, as a symptom either of tubercular meningitis or of epidemic cerebrospinal meningitis, the presence of Kernig's sign, since it may or may not be present, and is often elicited perfectly when there is no question of meningitis at all, is absolutely useless in diagnosis.—*Philadelphia Medical Journal.*

Serum-Therapy in Typhoid Fever.—Over a year ago Chantemesse published his first article showing the results of his antityphoid serum in the treatment of typhoid fever in Paris (*Bulletins et Memoires de la Societe Medicale des Hospitaux de Paris,* November 15, 1901). At the Egyptian Medical Congress, held last month, he reported later results from April, 1901, to December, 1902 (*La Presse Medicale*, December 24, 1902). A review of the statistics of the various hospitals of Paris, omitting that under the direction of Dr. Chantemesse, showed that the combined mortality from typhoid fever was 19.3 per cent. While there were naturally variations, the lowest recorded mortality in any hospital exceeded 12 per cent. In the hospital in Dr. Chantemesse's charge, where serum-therapy was adhered to in every case, there were but 7 deaths out of 186 patients, a mortality of 3.7 per cent. Other treatment employed was practically the same in all the hospitals. Three out of the 7 deaths were due to perforation, one to purulent peritonitis, and one to intestinal hemorrhage. All these patients came under treatment late in the disease. Chantemesse has noted no complications in patients coming under treatment early. So necessary does he consider immediate serum-injections that he gives them even before the diagnosis is certain, for 2 cc. can do no harm. So far in Paris 356 patients have received this serum-treatment, with but 17 deaths, a mortality of 4.7 per cent. At Toulon, out of 151 patients treated, 13 died. Adding this, the mortality was 6 per cent. The German army statistics, always held up as a model in France, give a mortality of 9.5 per cent. in typhoid fever. Chantemesse explains the effect of this serum in that it is not only both anti-infectious and antitoxic, but, above all, it excites phagocytosis. Thus it is almost specific in typhoid fever. Besides, he calls attention to the necessity of isolating typhoid fever patients for the protection of other patients. This he considers an important means of prophylaxis.—*Philadelphia Medical Journal.*

The Topical Treatment of Specific Vaginitis.—Gonorrheal vaginitis is, and ever has been, the *bete noir* of the gynecologist. Rebellious to the treatment, the pharmacopeia has been ransacked to furnish remedies to control the disease, and not with the best of success. Of all the older medicaments that have been employed there is but one that has consistently given any degree of satisfaction. Silver nitrate, when applied directly to the spots of active inflammation, has been instrumental in arresting the progress of the disease. Solutions of the strength of 10 to 15 per cent. have been largely used for this purpose. A few years ago Doederlein and other German gynecologists claimed that by the use of silver nitrate in very strong solutions they could abort an acute gonorrheal vaginitis. Under local or general anesthesia the vagina was painted from the fornices to the vestibule with the silver salt, in a solution of one dram to the ounce. Owing to its severity, this method has not come into general favor. The suggestion, also made by Doederlein, that the restoration of the acid environment in the vagina would result in the cure of chronic vaginitis, has not been altogether substantiated. According to this authority, the normal bacilli of the vagina secrete a lactic acid which is inimical to the growth of pathogenic germs. Accordingly, he introduced various solutions (one to 5 per cent.) of lactic acid into the diseased and alkaline vaginæ. This method has been tried by others with varying degrees of success. A 2 per cent. solution is as strong as it should be applied in order to avoid a cauterizing effect. Many of the newer silver salts have been used with considerable satisfaction in recent years. Especially is this true of protargol in a 2 per cent. solution, argyrol in a 2 per cent. solution, and itrol in preparations of weak strength. Under the action of these silver salts the vaginal mucosa does assume a condition much nearer the normal. Probably, however, the best results in the chronic cases of this disease have followed applications of trichloracetic acid (1 per cent. to 2 per cent.) and methylene blue (1 per cent.), especially the latter. Painting of the vagina by methylene blue from the vault to the vestibule once or twice weekly has been most prompt in arresting the disease and restoring the character of the mucous membrane. A curious feature associated with this treatment is the rapid discoloration of the painted mucosa. Although of an intense blue color at the time of treatment, within twenty-four hours the normal coloration will be restored.—*Philadelphia Medical Journal.*

Dr. R. Lorne Stewart, who enjoyed a lucrative and extensive practice in Bolton for a number of years, has recently moved to Toronto and located at the corner of Gloucester and Church Streets.

The Physician's Library.

BOOK REVIEWS.

Modern Eloquence. A Library of Famous After-dinner Speeches, Classic and Popular Lectures, the best Occasional Addresses, Anecdotes and Short Stories. Ten volumes. Hon. Thos. B. Reed, Editor-in-Chief, in collaboration with Hon. Justin McCarthy, M.P., Rossiter Johnson, Albert Ellery Bergh, assisted by fifteen distinguished gentlemen as a Committee of Selection. Elaborately indexed; profusely illustrated. Philadelphia: John D. Morris & Co., 1201 Chestnut Street.

This work is without precedent, and no matter how large one's library, it will not duplicate a single volume. For the first time the best after-dinner speeches, lectures, addresses, anecdotes, reminiscences and repartee of America's and England's most brilliant men are collected, edited, arranged, by an editorial board of men, themselves eloquent with word and pen—friends of Mr. Reed, who have achieved eminence in many fields of activity. North, South, East and West, and the Mother Country as well, have been searched for masterpieces in every field of eloquence. The work is enticingly entertaining, but it is much more; American literature does not elsewhere afford so valuable an exposition and discussion of the important events and questions of national history, nor as many specimens of purity and grace of style, and beautiful and classical English. The work contains a perfect wealth of information, and is a wise purchase at double the figure asked for it. There are seven special articles, however, by the editor-in-chief, and six of his associates, worthy of special comment. "The Influence and History of Oratory," by the Hon. Thomas B. Reed. A very comprehensive and instructive article by the editor-in-chief, on the various forms of oratory—the after-dinner speech, the lecture, the literary address, the commencement address, the eulogy, etc. This article will prove exceedingly valuable to young men. "Introduction," by Albert Ellery Bergh. This is written from the standpoint of an associate editor; but it is more than an introduction; it displays a general experience in the highest fields of literature, and a very intimate acquaintance with the vast literary labors involved in gathering,

editing and classifying "Modern Eloquence." "After-dinner Speaking," by Prof. Lorenzo Sears. Prof. Sears, of Brown University, is the foremost American authority on after-dinner speaking, and in the article he has written for "Modern Eloquence" he traces from primitive days to the present, and in a most charming manner, man's tendency toward the combination of feasting and speech. Prof. Sears also gives many very practical and helpful suggestions, and much wholesome advice to the after-dinner speakers. The reader of his masterful and entertaining article will acquire a thirst for the great gems of post-prandial oratory contained in this library. "The Lecture and the Lecture Platform," by Edward Everett Hale. From a long and intimate acquaintance with the lecture and with lecturers, this king of the platform combines an interesting narrative and valuable suggestion in a very happy manner. "Literary and Occasional Addresses," by Hamilton Wright Mabie. This article by the noted author and essayist affords an admirable introduction to the department in which are presented specimens of those polished and highly instructive addresses which occupy such a fitting place in this series. "Wit, Humor and Anecdote in Public Speech," by the Hon. Champ Clark. Another happy selection. Since the death of "Sunset" Cox, probably no other man in America—certainly no other man in public life—could write on this subject from such a boundless fund of experience and genius as the distinguished Congressman from Missouri. "The Eloquence of the Stump," by Jonathan P. Dolliver. The eloquent Western Senator deals most instructively and skilfully with the subject of "Campaign Oratory." He furnishes bounteous entertainment, enlightens with reminiscence, and makes suggestions which might profit the most skilled and famed campaigner. The set is complete in ten sumptuous volumes, uniform in size and appearance. The type is a Caxtonian old style, a clear black letter, cast especially for this work. The paper is made by contract especially for this work. It is soft and smooth, of medium weight, high quality, and is ultra-durable. It will never crack or fade. The printing is done with scrupulous care. In order to ensure the most perfect register and impression, the presses are run at half-speed in printing this edition, and only half the usual number of pages are printed in each "form." The illustrations are printed by hand from engraver's original plates on Imperial Japanese vellum. Great attention has been paid to the selection and reproduction of the illustrations. They are executed in photogravure, full-page size. There are seventy-five of them, all direct "positive" reproductions from original sources, without the usual intermediate steps of one to three "negatives," in each of which some detail would be lost. There are three styles of bindings—fine English art cloth, three-quarters Persian morocco, and full Persian mor-

occo. Each binding has gold tops, and is stamped in gold from specially made designs befitting the nature of the work. Write to John D. Morris & Co., publishers, 1201 Chestnut Street, Philadelphia, for sample pages, etc.

A Manual of Medicine. Edited by W. H. Allchin, M.D. (Lond), F.R.C.P., F.R.S. (Edin.), Senior Physician and Lecturer on Clinical Medicine, Westminster Hospital; late Examiner in Medicine in the University of London, for the Royal College of Physicians of London, and for the British and Indian Army Medical Services. Volume IV., Diseases of the Respiratory and of the Circulatory Systems. New York: The MacMillan Company. London: MacMillan Company, Limited. Toronto: The George Morang Company, Limited. 1902. All rights reserved.

This volume contains 493 pages, including the index. There are 32 illustrations, 3 colored plates, a table showing the levels of various structures in the thorax in relation to the spines and bodies of the vertebrae and charts of respiration and temperature curves. The contributors are such well-known men as J. Mitchell Bruce, M.A., LL.D., M.D., F.R.C.P., on Diseases of the Heart and Blood Vessels; Francis DeHavillard Hall, M.D., F.R.C.P., on Diseases of the Pleura; Leonard Hill, M.B., F.R.S., on the Physiology of Respiration and Circulation; Hector Mackenzie, M.D., F.R.C.P., on Diseases of the Lower Respiratory Tract; Lewis Smith, M.D., M.R.C.P., on Disorders of the Upper Respiratory Tract; the Editor, on Disorders of Diaphragm and Dropsy. A physiological introduction to the Respiratory System, the Morbid Anatomy, General Pathology and General Symptomatology, take up the first 138 pages. Diseases of the Respiratory System are then dealt with in a very clear and comprehensive manner. In the section devoted to the Vascular System the same plan is adopted, viz.: A Physiological introduction, followed by the General Pathology, Morbid Anatomy, Physical Examination of the Heart and General Symptomatology. The above arrangement will be found very helpful to a good understanding of the diseases treated. The work is thoroughly up to date, is very concise, and is easy reading. The tubercular test, serum diagnosis, the uses of the X-ray, and the latest advances in bacteriology and blood examination are treated of in connection with the various diseases. We are much pleased with the work, and can highly recommend it to our friends. W. J. W.

Confessions of a Wife. By Mary Adams. Toronto: The Copp, Clark Co., Limited.

The book department handed this book for review to one of its bachelor collaborators. Quoth he, what's this? Confessions of a

wife? Same game as the confessions of a converted nun, or confessions of a converted Mormonist? Mary ought to be ashamed of herself, giving the thing away! However, I'll read it, and see why she left him. The bachelor editor thought to shorten his labors, and asked a woman friend, "What sort of a love story is this anyway?" and the answer he got was concise. "Unsatisfactory." So he was forced to read for himself. After he had read the first few chapters, he said, "I see my finish. No young girl is mine! A widow with experience is my fate." This story girl is a regular cloud hunter. But patience had its reward. The cloud hunter develops into the neglected wife, while Hubby goes across the street and flirts with his wife's best friend. Then appears the wife's old lover, true to the very best ideals—and, of course, he was a doctor! Well, he pulled the baby through diphtheria, or something—the fatigue we doctors undergo in pulling patients through things is so tiring—almost as fatiguing as getting there "just in time"—and then he set out on a still hunt after the erring husband. Now, what was the matter with Hubby? You can't guess—you, a doctor, can't guess! Why, he was a hop fiend, of course. Hit the pipe, worked the growler, took morphine. Something lingering for him—cloud-hunters and carbolic acid for me. Yes, it ended happily! The husband reformed, thanks to the doctor, and in a measure regained his wife's affection. After all, the story is interesting. We doctors sometimes deem it necessary to expose by means of the knife even the pulsations of the human heart. We consecrate the action by giving it the name of science. A woman, in this story, draws aside the curtain of silence, and reveals the emotion of her soul, and the world calls her a fool. "Mary Adams" is said to be Mrs. Elizabeth Stuart Phelps, which explains much.

J. M.

Medical Microscopy. Designed for Students in Laboratory Work and for Practitioners. By T. E. Oertel, M.D., Professor of Histology, Pathology, Bacteriology and Clinical Microscopy, Medical Department, University of Georgia. With 131 illustrations, some of which are colored. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents: The Chandler & Massey Limited, Toronto and Montreal. 1902. Dr. Oertel evidently fully appreciates the many difficulties encountered by the student who would learn how to use the microscope so that it should be of every-day practical use to him in his profession. Many of these difficulties will at once vanish, and many disappointments be averted by the careful perusal of this book. Sufficient space is devoted to optics to enable the student to understand with ease all that it is necessary to know about the composition of the lenses. The preparation of the various tissues is thoroughly and scientifically gone into. The student is not told

of a score of different ways in which to prepare any given tissue, but is told simply how best to carry out what he wants to do. One good way is described, and that is made easy and intelligible. A good feature of this part of the book is a simple domestic way of carrying out many experiments, which makes them inexpensive, and places them within easy reach of every enquirer. The subject of urinalysis is written with so much practical care, and detail so fully gone into, that one is almost forced to the conclusion that the writer had his microscope beside him, and saw at the moment of his writing the objects described. Any student or practitioner with a fairly good miscroscope can follow, step by step, the directions laid down, and can verify the correctness of the statements and of the plates, which latter are numerous, and very well executed. The book is an ideal of simplicity, and can be understood alike by the beginner, and by those who have neglected this branch of study, by reason of active practice and want of proper appliances, and wish again to take it up and fit themselves for the practice of to-day. The microscope as a means of diagnosis is absolutely necessary now, and this little book will teach anyone how so to understand it and its revelations that the greatest possible good may be obtained with the least possible expenditure of time and trouble. A. J. J.

A System of Physiologic Therapeutics. A Practical Exposition of the Method, other than Drug-Giving, useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A.M., M.D., Senior Asst. Professor of Clinical Medicine in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the Philadelphia, Jewish and Rush Hospitals; one time Professor of Medicine and Therapeutics in the Philadelphia Policlinic, etc. Volume V. Prophylaxis, Personal Hygiene, Civic Hygiene, Care of the Sick, by Joseph McFarland, M.D.; Henry Leffman, M.D.; Albert Abrams, A.M., M.D., and W. Wayne Babcock, M.D. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents: The Chandler & Massey Limited, Toronto and Montreal. 1903.

Though Volume V. is quite late in appearing, yet its contents are fully up to those of its predecessors, if not in some respects their superior. As shown on the title page, the volume is devoted to the subject of prophylaxis and hygiene. In other words, it deals with "the preservation of health and the prevention of disease," in fact, "forms an introduction to the science of medicine." The book is divided into Parts I., II., and III. Part I. is devoted to the origin of disease, the diffusion of disease, the prevention of disease, and the prophylaxis of special infections. Part

II. covers civic hygiene, and Part III. domestic and personal hygiene, and the nursing and care of the sick room. The book is full of what interests not only the medical profession, but also engineers, manufacturers, architects, and those who take an interest in municipal government in almost any branch, especially public school hygiene.

A Handbook of Materia Medica, Pharmacy and Therapeutics, including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy, and Minute Directions for Prescription Writing, by SAMUEL O. L. POTTER, A.M., M.D., M.R.C.P. (Lond.), formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco; Author of the "Quiz Compends of Anatomy and Materia Medica"; an Index of Comparative Therapeutics; several articles in Foster's "Practical Therapeutics," and "Speech and Its Defects"; Major and Surgeon of Volunteers U.S. Army. Ninth Edition, revised and enlarged. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1902.

The favor with which this book has been received during the last fourteen years cannot but be flattering to the author. His experience while serving as attending surgeon at the headquarters of the Department of the Pacific and Eighth Army Corps in a tropical climate, among soldiers and civilians, men, women, and children, has been of inestimable value in preparing this present edition. In the section on Materia Medica, many articles were re-written and new ones inserted; in the section on Therapeutics new articles were inserted and several re-written. The text throughout the book has again been subjected to a thorough and critical revision, has been largely written, and has been expanded by the introduction of much new matter. It is one of the best books that has been written in any language in any country up to date. It should be in the library of every student and practitioner. A. J. H.

Encyclopedia Medica. Under the General Editorship of CHALMERS WATSON, M.B., F.R.C.P.E. Vol. XII., Syphilis to Typhus Fever. Edinburgh: William Green & Sons. 1902.

It was expected that Volume XII. would complete the work, but only typhus fever has been reached and there will be sufficient material left for another volume. This volume opens with an excellent article on Syphilis by D'Arcy Power of St. Bartholomew's Hospital. Active mercurial treatment is advised in the primary stage as soon as the diagnosis is made. In regard to the danger of transmitting syphilis it is said that the father is un-

likely to transmit the disease after five years, especially if well treated. "But cases are recorded where a syphilitic child has been born twenty years after the father's inoculation, and it is notorious that such children may be born in spite of all treatment of the parents."

The article on Tabes Dorsalis by F. W. Mott is an excellent presentation of the subject. He is a strong advocate of the view that syphilis, if not the cause, is at least the most important factor in the causation of the disease. He says that another factor is undoubtedly necessary for the production of this disease, as also of general paralysis, viz: the nervous instability of civilization, and quotes approvingly Kraft-Ebing's summing up of the causes of general paralysis as civilization and syphilization.

A long section is devoted to Physicial Therapeutics by Ernst Flodin, a Swedish medical gymnast. While much of it is not of practical application except by a specialist, yet some of it can well be referred to as a guide to exercises by patients themselves. Much too little is made of systematic exercises as remedial measures by physicians.

Several other articles are quite long, such as those on Tuberculosis, Typhoid Fever, and Tumors. A very interesting short contribution on Tremor is made by E. Farquhar Buzzard.

The volume as a whole is good, at least up to the average of the work, and the publishers have done their share creditably. When projected, the work was to be completed in twelve volumes, but it will require another volume at least to complete it. A. M'P.

Bacteriological Technique. A Laboratory Guide for the Medical, Dental and Technical Student. By J. W. H. Eyre, M.D., F.R.S. (Edin.), Bacteriologist to Guy's Hospital, and Lecturer on Bacteriology at the Medical and Dental Schools, etc. Octavo of 375 pages, with 170 illustrations. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Toronto. 1902. Cloth, $2.50 net.

The bulk of the matter in this book is simply an elaboration of the author's typewritten notes, which he had distributed to his laboratory classes in practical and applied bacteriology; consequently the methods used are only the simple, tried, and reliable ones, and the elements of technique are presented in their logical sequence. Much space is occupied by the illustrations, which are good, and will be found useful. We find the methods of Chester in his recent work on "Determinative Bacteriology" have been closely adhered to, methods which are calculated to induce in the student habits of accurate observation and concise description. The work has been arranged in such a way that the technical student, whether of medicine, dentistry, brewing, dairying, or agriculture, will find it a useful guide in the laboratory. The author aims at instructing the student how to fit up and adapt

apparatus for his daily work, how to thoroughly and systematically carry out the various bacteriosccpical analyses that are daily demanded of the bacteriologist by the hygienist, and after a careful perusal of its pages we consider he has made a *ringer*. The book is unusually well bound in cloth, an essential feature in an ever-ready reference book, and is a decided credit to the publishers, W. B. Saunders & Co. W. H. P.

Diseases of the Pancreas and Their Surgical Treatment. By A. W. Mayo Robson, F.R.C.S., Senior Surgeon, Leeds General Infirmary; Emeritus Professor of Surgery, Yorkshire College, Victoria University, England; and B. G. A. Moynihan, M.S. (Lond.), F.R.C.S., Assistant Surgeon, Leeds General Infirmary; Consulting Surgeon to the Skipton and to the Mirfield Memorial Hospitals, England. Octavo volume, 293 pages. Illustrated. Philadelphia and London: W. B. Saunders & Co. 1902. Cloth, $3.00 net.

This work deals with both injuries and disease of the pancreas, and is a full, clear, and practical exposition of the subject. In these days of more marked specialism than has hitherto existed, we have become accustomed to look upon monographs on special subjects as affording the best guide for the practical treatment of different diseases, or of special organs. This book on the pancreas is well-timed, appearing, as it does, at a time when unusual attention is directed to the subject by the profession, when medical literature contains records of recent advances in the surgical treatment, and when more perfect methods for the diagnosis of pancreatic affections have been elaborated. The work contains a valuable summary of the literature, and is also based upon the practical experience of the authors. We heartily approve of the manner in which the subject has been dealt with, and we recommend it as a most useful addition to the library of either physician or surgeon. A. P.

Biographic Clinics. The origin of the ill-health of DeQuincey Carlyle, Darwin, Huxley, and Browning. By George M. Gould, Editor of *American Medicine*, etc. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1903. $1.00.

The title of this book at once attracts attention. The five celebrated men, the subjects of the clinics, are of interest to physicians not merely because of their literary or scientific achievements, but also because that in spite of the load of lifelong ill-health they reached the highest rungs in the ladder of fame. The physician naturally asks himself what was the cause of their ill-health. Does the world owe the sardonic contempt of Carlyle to too much oat-

meal; are the beauties of DeQuincey but the products of opium? Dr. Gould, who delights to wander in all the bypaths of medicine, has another solution. These men were the victims of eye-strain. One has but to look at the picture of DeQuincey to realize how probable this explanation. No greater advance has been made in medicine than our knowledge of the intimate relationship between eye-strain and the protean manifestations of disease—a knowledge, which, to a great extent, we owe to the Philadelphia School of Ophthalmology, of which Dr. Gould is so brilliant a member. J. M.

The Practical Medicine Series of Year Books, comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly, under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume II. General Surgery, edited by John B. Murphy, M.D., Professor of Surgery, North-Western University Medical School, November, 1902 (price $2); and Vol. III., The Eye, Ear, Nose and Throat, Edited by Casey A. Wood, C.M., M.D., Albert H. Andrews, M.D., and T. Melville Hardie, A.M., M.D., December, 1902. Chicago: The Year Book Publishers, 40 Dearborn Street. Price, $1.50; price of series, $7.50.

Volume II. contains 553 and Volume III. 321 pages, including index. These volumes are nicely arranged and neat and convenient to read. The selections are especially good, and cover the year's work very fully. The busy general practitioner cannot possibly read all the journals, and when he does read a few good articles they are lost in the general journal accumulation in his office. The Year Book forms a ready reference and the selections are full enough for all practical purposes. W. J. W.

Text-Book of Jurisprudence and Toxicology. By John J. Reese, M.D., late Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, late President of the Medical Jurisprudence Society, of Philadelphia. Sixth edition, revised by Henry Leffman, A.M., M.D., Professor of Chemistry and Toxicology in the Woman's Medical College of Pennsylvania; Pathological Chemist to the Jefferson Medical College Hospital; Vice-President (British) Society of Public Analysts. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Canadian Agents: The Chandler Massey, Limited, Toronto and Montreal.

"Reese's Jurisprudence and Toxicology" has always been looked upon as a stand-by, though it has never been as large a volume as some others on the same subject. Much advance has

been made during recent years in toxicology, so that Dr. Leffman acted judiciously in re-writing Dr. Reese's work and bringing it up to date. The book is considerably larger than the last edition and will be found to be exceedingly practical.

The Care of the Skin and Hair. Containing suggestions as to Diet, Clothing, Bathing and Cosmetics. By James Startin, M.R.C.S. (Eng.) Senior Surgeon and Lecturer to the London Skin Hospital, Fitzroy Square, London. Bristol: John Wright & Co. 1902.

This dainty little book is written in a pleasing, yet rather flowery style. The first chapter deals with a healthy skin, and the author shows his good sense by his evident admiration of a beautiful complexion. The statement that "the skin is the greatest medium for purifying our bodies" is misleading, and is not in harmony with the teachings of standard text-books on physiology. In the second chapter the author is right in urging the great importance of regularity of meals and the taking of sufficient time to eat them. Under the head of Cosmetics all powders which contain preparations of mercury, bismuth, arsenic and lead are emphatically condemned. The chapter on baths and bathing is an interesting one. A. E.

How to Succeed in the Practice of Medicine. By Jos. McDowell Mathews, M.D., LL.D., President of the American Medical Association, 1898-99; author of "Mathews on Diseases of the Rectum," Ex-President Mississippi Valley Medical Association, Kentucky State Medical Society, American Proctologic Society, Louisville Surgical Society, Louisville Clinical Society, President Kentucky State Board of Health, etc., etc. Louisville: John P. Morton & Co., 1902.

If the medical profession as a body were to read and inwardly digest Dr. Mathews' work, "How to Succeed in the Practice of Medicine," there would be much less opportunity for doctors to be accused, as they so often are, of being unbusinesslike. Our profession, we consider, is under a debt of gratitude to the author for his book, as it is full of the most practical kind of information and replete with facts of the greatest value to doctors who wish, as all do, to make a success of the business side of the practice of medicine.

Thoroughbreds. By W. A. Fraser, Author of "Mooswa," "The Eye of a God," "The Outcasts," etc. Toronto: Geo. N. Morang Company, Ltd. 1902.

No one who has a fondness for "man's noblest friend," the horse, can but enjoy a perusal of "Thoroughbreds." The book

is full of interest, and the author has outlined a story, which is, like the horse race it depicts, interesting from start to finish. Honest John Porter, and the prefix was well given, who would just as soon sleep in a straw stall as not, in order to be with his stable companions, persists that there is no sport like horse racing, providing it is honestly carried on, and though luck seemed against him from the first, yet, like the story with its moral, it turned round in his favor, and all through courageous Allis riding good old Lauzanne to victory. Buy "Thoroughbreds," it is worth more than the price charged for it. W. A. Y.

Diseases of the Skin. A Manual for Students and Practitioners. By Jos. Grindon, Ph.B., M.D., Prof. of Clinical Dermatology and Syphilis, Washington Univ.; Dermatologist to the O'Fallon Dispensary, St. Louis Mullanphy Hospital, St. Luke's Hospital, and the Missouri Baptist Sanitarium; formerly physician to the Smallpox Hospital, St. Louis; Member of the American Dermatological Association, etc. Series edited by Bern. B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor of Surgery, College of Physicians and Surgeons, Columbia University, New York; Visiting Surgeon Bellevue Hospital, New York. Illustrated with 39 engravings. Philadelphia and New York: Lea Brothers & Co.

This small volume, like its companions in the series, is more suitable for medical students perhaps than for practitioners, who must of necessity have something more comprehensive. The book, however, contains material in every respect up to date, especially as regards diagnosis and treatment, and will be found quite useful to the physician for refreshing his memory on skin diseases in its different phases.

Regional Minor Surgery. Describing the treatment of those conditions daily encountered by the general practitioner. By George Gray Van Schaick, M.D., Attending Surgeon to the French Hospital, New York. Published by the International Journal of Surgery Company, Medical Publishers, 100 William Street, New York.

This is a work of 226 pages. The paper is good and the type clear. It contains a number of good wood cuts. After treating of asepsis and some very practical points on suturing, the minor surgery of the body is taken up, beginning with the head, including eye, ear, throat and nose, antrum, lips and tongue. Then follows the extremities, chest, genito-urinary system and rectum. Just such a work as the general practitioner needs every day is treated of, e.g., Hare Lip, Tracheotomy, Injuries to the Various Parts, Amputations in Hand and Foot, Hammer Toe, Ingrowing Nail,

Benign Tumors of Breast, Hydrocele, Varicocele, Catheterism and Fistula. This will be found a very useful book by those engaged in general practice. Price, $1.50. W. J. W.

The Development of the Human Body. A Manual of Human Embryology. By J. Playfair McMurrich, A.M., Ph.D., Professor of Anatomy in the University of Michigan. With two hundred and seventy illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Canadian Agents: Chandler & Massey, Limited, Yonge Street, Toronto. $3.00.

This is a creditable addition to our literature on the subject of embryology. The author has succeeded in presenting a concise statement of the development of the human body. Wherever it is necessary for him to have recourse to the facts of embryological development in the lower animals he always points out clearly in what respect such development resembles, and in what respect it differs from development in the human ovum.

The publishers have done their part well. The type is clear and plain, and the illustrations are excellent. It is a first-class text-book for students and practitioners. A. E.

Cecilia. By F. Marion Crawford. Toronto: The Copp, Clark Company, Limited.

The story of a beautiful young girl, living in modern Rome, capable of self-hypnotism. In this state she imagined herself one of the vestal virgins; but her trance was always brought to an awakening by the kiss of a "mere man." In time, though the affianced wife of another, she meets and is introduced to the real man who for years she has seen in her dreams. He has also this strange power, and after a while they find that they dream the same thing concurrently, and he cannot explain it, except that it is a sort of "mind telegraphy." In loving him, and dismissing her former fiancee, for truth sake, she feels she has fittingly answered two of the most important of life's questions: "What ought I to do?" "What may I hope?" W. A. Y.

Fuel of Fire. By Ellen Thorneycroft Fowler. Toronto: William Briggs. Cloth, $1.25.

Again has this clever authoress struck from her anvil the sparks of wit. As ever, her story is of the county-side in and around "Mershire" in Old England. A love story, of course, and also, as ever, a heroine whose tongue never tires, and whose speeches dazzle, amuse and entertain unceasingly the reader who has courage enough to open a book with such an atrociously ugly cover.

W. A. Y.

Memoranda on Poisons. By Thomas Hawkes Tanner, M.D., F.L.S. Ninth Revised Edition. By Henry Leffman, A.M., M.D., Professor of Chemistry in the Women's Medical College of Pennsylvania, etc. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Canadian Agents: The Chandler & Massey Limited, Toronto and Montreal.

"Tanner on Poisons" has always been looked upon as a very handy vest pocket manual for reference in a moment of hurry. The ninth edition has been added to and brought fully up to date, the chapter that is of most interest being the one devoted to the toxicology of poisonous food.

The Mattison Method in Morphinism. A modern and humane treatment of the morphine disease, by I. B. Mattison, M.D., Medical Director Brooklyn Home for Narcotic Inebriates. E. B. Treat & Co., New York City.

This little book is confined to about 40 pages, and gives in an interesting manner the experience of the author in the treatment of morphinomania.

Announcement.—W. B. Saunders & Co. desire to anounce to the profession that they have established a branch of their business in New York. For this purpose they have secured a suite of rooms in the Fuller Building, centrally located and easily accessible from all parts of the city. Dr. Reed B. Granger, for many years managing editor of the New York *Medical Journal,* together with a representative, who is thoroughly familiar with the methods of the Philadelphia house, will be connected with this new branch, and Mr. W. B. Saunders personally will divide his time between New Pork and Philadelphia. It is the intention to apply to this New York office the same systematic business methods that have proved so successful in the conduct of the Philadelphia and London houses, and the firm confidently believes that through these three centres, aided by the many other agencies located throughout the country, and by an efficient corps of canvassers representing years of valuable experience, the demand for their publications will be greatly increased. The Fuller Building, erected on the triangular plot bounded by Broadway, Fifth Avenue, Twenty-second, and Twenty-third Streets, is one of the oddest structures in the world, and because of its peculiar shape is known as the "Flatiron Building." From the offices, purposely located on the seventeenth floor, can be obtained an unobstructed panoramic view of the city. Physicians visiting New York are cordially invited to make these conveniently appointed offices their headquarters, where they can receive and answer their correspondence, obtain an interesting panoramic view of the city from a most favorable point, and where they will always be courteously welcomed.

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Original Contributions.

CONGENITAL DISLOCATION OF THE HIP.

BY B. E. McKENZIE, B.A., M.D., TORONTO,
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It is safe to say that previous to 1890 there had been but little heard in this country about congenital dislocations even by the medical profession. Within the last decade, however, articles on various aspects of the subject have appeared from time to time in our medical journals. The older medical authors do not seem to have recognized the condition. Hippocrates did not distinguish between traumatic, spontaneous and congenital dislocations; and others, Galen, Avicenna, Pare, cited from Hippocrates. Paletta, early in the last century, recognized the condition and wrote upon its anatomical aspects. In 1826 Dupuytren (*Memoir sur un deplacement originel ou congenital de la tete des femurs, etc.*) says: "It is a species of displacement of the upper extremity of the femur of which I have found no trace in the authors whose researches I have examined." He gave at that time a clinical picture which was correct in all essentials, and was the first to make reference to treatment. He says: "Before making extension, examine carefully to learn what is the kind of dislocation; for if the lameness has continued from birth, your extension will serve no purpose but to reveal your ignorance."

In Germany Volkmann made some reference to the subject, but no practical advance was made there until Albert Hoffe, of Wurtzburg, by his operative work, threw light upon the etiological and anatomical darkness. Consequent upon the work done by Hoffa and a few others a great impetus was given to the careful study of this condition in Germany, France and America. In the later years of the century, no name has been so prominent in connection

with the treatment of this disability, as that of Adolphe Lorenz, of Vienna. His "bloodless method" has been much heard of and talked about by the laity and by the profession.

Congenital dislocations, except that of the hip, are rare; at that joint, however, the deformity can scarcely be said to be very uncommon. About 83 per cent. of all cases of this disability of the hip joint are found in females. It is more frequently unilateral than bi-lateral.

The etiology is not well known. There is found more or less imperfection of the acetabulum and of the head and neck of the femur. The pathological anatomy varies with the age of the

Figure shows lordosis well; also position of great trochanter is seen in right gluteal region.

child examined. Before the age of weight bearing the head of the femur is likely to be found not far from the acetabulum, which is sometimes nearly normal, but is often shallow and small. The head and neck vary greatly; sometimes the head is nearly sessile upon the shaft of the femur. The length of the neck and prominence of the head doubtless have much to do with successful retention in place after the reduction has been made.

Weight bearing soon causes lengthening of the capsule, and it is often drawn into the shape of an hour-glass, in the upper part of which the head is found, while the anterior wall is stretched across the acetabulum, and the constriction of the capsule between

the head and the acetabulum is such as to present a serious obstacle to the direct return of the latter to its natural location in the former. The head of the femur is generally found on the dorsum of the ilium, but may lie above the acetabulum or even in the position of an anterior dislocation.

Signs and Symptoms.—If both hips are affected and the femoral heads directed backward, there will be very marked lordosis, and the patient will walk with a waddling gait, the body sinking downward in its relation to each extremity alternately as the weight passes from one to the other. The trochanters may be seen and felt prominent under the gluteal muscles.

If the defect exists in only one hip there will be a limp, the body dropping in its relation to the limb; the limb on that side will seem to be shorter than its fellow, and in reality it will generally be found to be somewhat smaller and shorter.

When the patient is recumbent and the pelvis is held steady the leg may be drawn downward and shoved upward again in its relation to the pelvis often through the space of one or two inches. Observation will discover the trochanters much higher up than normal, they may be even above the line, passing horizontally from one anterior spine to the other, around the pelvis.

Pain is seldom complained of, and only after much exertion or when, later in life, the weight of the body is greatly increased.

The defect generally passes unrecognized until, in the second year of life, the child tries to walk, when it may be observed that he falls more easily, learns more slowly, and is lame or has a waddling gait. In very many cases, even when these signs are observed and noted, their significance and cause are not known, and the orthopedic surgeon sees many cases who have grown up to the years of maturity without a diagnosis having been made, and the foregoing peculiarities explained.

Treatment.—In 1890 the open operation was performed for the first time. After Hoffa, Lorenz, and others had operated upon several hundred cases with results that were not encouraging, and after learning through their operative work the exact pathological anatomy, attention was drawn, chiefly by Lorenz, to the fact that better results could be achieved by manipulation, avoiding entirely the use of the knife—the so-called "bloodless method." This method is not often practicable in patients who have passed their seventh year, but has occasionally succeeded in older persons.

The Bloodless Method.—The patient, anesthetised, is placed upon the back, and while an assistant holds the pelvis steady the operator flexes the thigh to a right angle, and then abducts strongly, pressing and rubbing with the ulnar border of the hand upon the abductor muscles near their origin, until they have been so thoroughly torn as to permit the thigh to be brought to the

table while the patient is lying evenly upon the back. Then keeping the leg extended at the knee the thigh is completely flexed upon the abdomen and thorax. Next the child is turned upon the face, and, holding the knee flexed, the thigh is strongly extended.

The purpose of these manipulations is to lacerate or lessen other obstructions, muscular and ligamentous which would prevent the drawing of the femoral head down to the plane of the acetabulum. When this can be done the patient is kept upon the back, the leg flexed at the knee, and the thigh flexed to a right angle and abducted, while a fulcrum is placed under the trochanter major, over which the femur is so pressed by the operator that its

The figure shows well the meeting of ischium ilium and pubes at the acetabulum. Position of femoral heads well-seen above and behind. Girl, 2½ years old, now under treatment. The femoral heads are being retained in position by a plaster splica.

shaft becomes the long lever-arm and the head and neck the short arm. Very soon the head is felt and heard slipping over the posterior border of the acetabulum.

The plaster dressing is now applied to hold the femoral head in place while the thigh is kept at right angles in the transverse plane of the body. This position is to be maintained for several months with a view of securing a permanent abiding place for the femoral head. In the meantime the child is encouraged to walk.

As the back thigh muscles are now too short to permit ready extension of the leg at the knee they should receive daily stretching during this period.

Several months must elapse before one can judge of the success of the operation in keeping the femoral head in the acetabulum.

Experience thus far gathered would lead one to expect that a "cure" may be reasonably looked for in about half the hips operated upon. Though the femoral head be not retained exactly in the acetabulum, yet the operation may result in improvement; for a transposition of the head so as to give it a place below the anterior iliac spine secures a better anchorage, less lordosis, less limp, and greater comfort in weight-bearing.

As in most orthopedic work the operation *per se* is not the chief thing; the after care and attention are most important. Following the replacement the assiduous attention needed in maintaining it in place, massage, and training after the plaster is removed, etc., are essential to success.

Though the time which has elapsed since the adoption of this method is not sufficiently long to warrant one in making positive statements as to results, yet one may with fairness and confidence claim that it marks a great and beneficent advance in the treatment of these hitherto unhelped patients.

The bloodless method has been under observation and has been performed by various surgeons on this continent for more than four years past; but the exact technique, as the operation is now performed and as described above, differs considerably from that employed in the earlier years. Then the limb was drawn downward by strong traction force, sometimes employing screw power, so as to bring the femoral head to the level of the acetabulum; now this is accomplished by manipulation.

The first case operated upon in this manner, treated in the Toronto Orthopedic Hospital, March 23rd, 1899, illustrates well how much we are dependent upon the anatomical conditions present for the result obtainable. Both femora were reduced to position without much difficulty; one has remained in position and the hip is a splendid joint to-day; the other, though at intervals since, three attempts have been made, could not be retained in position.

If the operator be careful to make certain to transpose the head of the femur to an anterior position, and if he retain it there as he may do in nearly every instance, he will have made a substantial gain, though he may not lodge and anchor it in the acetabulum.

MEDICINE IN CHINA.

BY THE REV. JAS. MENZIES, M.D., HONAN, CHINA.

We should expect great advance in medical science and important contributions to its literature from a nation, the history of whose civilization goes back two or three thousand years before Christ. Such a history has China, and she has not been altogether idle in medicine. Her pharmacopeia is large, and her medical writers have prepared many volumes, though, as in countries yet unborn when China was already hoary with age, her medical works and modes of treatment are in some instances a little out of date.

Pharmacopeia.—There is no standard in China as the "B.P.," though a great deal has been written on the action and value of drugs. One work (which I have not read, and don't intend to), which is in common use, comprises some fifty or sixty volumes, and the number of remedies dealt with is very large. Drugs are almost always employed in the crude state, and except in the case of imported drugs of foreign manufacture, tinctures, extracts, compounds, etc., are very rare. In the shops or drug stores, medicines are sold in the shape of leaves, roots, bark, etc., of vegetables, and in a very crude and impure state of metals or salts of metals. Pills and plasters are much in demand, but differ materially from those supplied by Canadian druggists. One pill much employed is composed of a white wax shell, about an inch in diameter, containing another and smaller oblong reddish pill, covered with gilt paper. Tiger bones, snake skins, ox gall, scorpions and centipedes are in common use among the valuable drugs sold by a travelling apothecary, and I have seen a very ancient tin of condensed milk, of the character of the contents of which the owner was entirely ignorant. For the surgeon, a dirty needle, about the size of a darning-needle, is frequently a complete outfit, but I have seen a whole set of about a dozen knives and lancets, the entire cost of which was ninety cash, or about five cents.

Medical Education.—The number of medical students and practitioners in a population of 400,000,000 must be very large, but, so far as I can learn, there are neither medical schools nor councils. A prospective M.D. buys a book on diseases and a needle, and proceeds to practice medicine. He may spend some time in the office of another doctor, but generally not. No examinations, "sups" or councils disturb the studies or the comfort of the Chinese medical student. Unscrupulous members of the profession are prone, as at home, to advertise themselves, but they do it more decently here. Instead of the papers being filled with his photographs and accounts of his cures, the house-wall of a successful

Chinese doctor, with its numerous plasters stuck all over it, bears testimony to the number and importance of the patients who had come sick, and bruised, and plastered, but who had departed leaving their plasters behind them as grateful tokens of the benefits received. Books on medicine deal largely with two things, viz., the breath and the blood, for if either of these ceases to work properly there is serious trouble. Internally there are five organs, the heart —located in the gastric region—liver, spleen, lungs, and kidneys, all of which are more or less subject to disease.

Native Medical Practice.—The pulse is an important factor in diagnosis. Three fingers are placed on each wrist, as each contains three pulses, which indicate the condition of the corresponding internal organ. Patients are frequently forbidden to eat a certain kind of vegetable or other article of food, and exhausting operations, such as shaving and bathing, are prohibited during convalescence. The study of anatomy is unknown, and the dissection of a human body is a thing unheard of. The surgeon who jabs his needle into any part of the body to let out the pain is blissful in his ignorance. The pain is in, and he makes a hole to let it out. The application of clean water to a wound is greatly feared. Little or no real surgery is attempted, and in case of an accident the regular dressing is the wadding cotton from some garment too old and dirty to be of further use. In midwifery, the suffering imposed on Chinese women is terrible. Brute force and ignorance appear to be the only requisites of the attendants. Among specific cures are the following: For the weakness of old age, tiger's bones, powdered;[1] for asthma, licorice root; for fever, rhubarb, bamboo-leaves, alum, lamp-wick, or bleeding; for syphilis, mercury or arsenic. Scorpions are an antidote for poison; while for opium poison, the patient is given wood-varnish, or human ordure, and these failing, the last resort is the blood of a white duck. Among the more ignorant, devil-drivers or exorcists do a thriving business. Lately, while treating a railway engineer (British) for typhoid, some of the servants found a small snake, and immediately fell down to worship it, and pray for the sick man. The creature was then reverently carried to the temple and deposited there as a god.[2] My patient made a good recovery, and I imagine the Chinese servants will give most of the credit to the reptile.

Medical Cases.—A nation like China, with the science of medicine at such a stage as I have described, presents a most interesting field to the medical missionary. I say missionary, for except in the coast cities a foreigner would scarcely be able to make a living out of patients who support themselves on from two to five cents a day. In one of our Honan hospitals[3] there were last year over 28,000 different treatments, and a correspondingly large number of operations. Perhaps the least satisfactory part of the work is the medical, though there are many most interesting cases

come to us. It is, however, often difficult to make a correct diagnosis, as the history given by the patient is very unreliable, and it is impossible to get out of him what one wants. Then, too, unless he be an in-patient, the doctor can never be certain that the medicine has been taken as directed. None may have been taken, or the whole in one dose, or it may have been alternated with any amount of native nostrums. One thing I must mention is the large number of patients, more often women than men, perhaps, who date the beginning of their disease to when they *shenged chi,* or had a very violent outburst of temper. It may not be all imagination, though sometimes it seems utterly impossible to associate the disease with the supposed cause. Still, I dare say, aneurism, or heart disease may be caused by such outbursts of fury as are here very common and very violent. Most of the diseases met with in Canadian hospitals are found in China. Venereal diseases, except in the coast cities and along the main lines of travel, are not prevalent. Hard drinking is not the vice here that it is in Western lands, but its place is taken by the opium habit. I shall here take no part in the bitter controversy regarding the opium trade, but the excessive use of the drug is spreading very rapidly. In Honan Province three or four-tenths of the people are said to be opium users, and in Shansi Province as many as seven-tenths. Most institutions, commercial as well as missionary, refuse to employ a man addicted to the opium habit, regarding him as a person unfit to be trusted.

Skin diseases are very common, as we should expect to find among a people not overly fond of bathing. One of the commonest diseases is smallpox, and there is some truth in the Chinese saying that adults do not take it, for here almost every one has it in childhood. Scabies is not quite, but almost, universal. Malaria epidemics occur as regularly as the wet seasons, and in low-lying places are constant, while dysentery is very prevalent every autumn. Were a doctor in China confined to the use of three drugs, he would do well to load up with quinine, sulphur and santonin, and if a fourth were allowed him, he should take castor oil. Every few years, as this past year, an outbreak of cholera carries off great numbers of the people. Famine fever is often epidemic in tracts of the country flooded by the rivers that have burst their banks.

Surgical Cases.—The work of the surgeon in China is not altogether determined by the nature of the cases that are presented for treatment. Where little can be done in the way of antisepsis, of course, such work as abdominal surgery is impossible, and, at least, not advisable. A hospital such as you have in Canada would by its very cleanliness frighten away most patients, who would prefer to go on suffering rather than submit to the baths, dietry, clean sheets, soft beds, etc. The patient here comes in, is operated on in, sleeps in, goes away in the same suit of clothes, the only suit he

has. Give him a brick, or mud bed, with a brick for a pillow, and he is quite contented. The absence of railways and machinery makes the number of bad accidents comparatively few, and when amputations are necessary it is usually for malignant disease. Cancers and tumors of all kinds are common, and are generally very large before the sufferers come to us to be operated on. Gunshot wounds are frequent; sometimes the patient is a soldier, but oftener he has been interfered with while pursuing his calling in his neighbor's stable or hen-roost. Chinese shot are of iron instead of lead, and are not particularly smooth. The great majority of operations in our hospitals are upon the eye. In inland China cataract is very common, and I have performed as many as five operations for this in one day. Entropion is much more frequent. In my own case the first day I began operating in Honan, my forenoon's work was the cutting of thirteen lids for entropion. The causes are no doubt various. Dust storms are frequent, and the soil being in places strongly alkaline, is very irritating to the eyes. The houses, too, are dark and smoky, with often no sign of a chimney. Glaucoma is also very common. The Chinese stand pain remarkably well, and quite serious operations can sometimes be performed without anesthetics.

Sanitary Science and Hygiene.—Good sanitary conditions in China do not exist. In towns and cities the water supply is from uncovered wells in the street, or from the river into which all kinds of garbage and dead bodies are thrown. There is no drainage except into the wells during a freshet. Streets present only a long wall on each side, with the doors that lead to the compounds at regular intervals. All the windows look inwards to the compound. There is no attempt at ventilation. A yard with an open area of only a dozen square yards will have several families within its bounds. In the villages where in Canada are seen the boulevard, or flower bed, here is the universal midden. The stench from these is horrible, but they are, after all, the salvation of the people. In the absence of all attempts at drainage, the street scavenger comes in to prevent the accumulation of sewage that would threaten the health of the community. The dense population which must be fed off the land makes manure extremely valuable, and none is allowed to go to waste.[4] Thus, unintentionally, some attention is paid to sanitary science. It must, in justice be said, too, that as a rule the Chinese are careful not to drink water which has not first been boiled. In hot weather, instead of cooling himself with cold drinks, the Chinaman drinks hot water and sweats himself cool.

During the recent cholera epidemic, which carried off a great many people, conditions were most favorable to the spread of the disease. It was the height of the watermelon season when it reached Honan. Along the streets melons sliced open were ex-

posed for sale. Swarms of flies covered these, as well as other fruits in the market, and the constant traffic kept the whole liberally sprinkled with dust. Many who were taken with the disease died almost in a moment, while others, with or without treatment recovered.

1 It is a regular belief in primitive society that a man becomes like what he eats, or receives the character or virtues of the animal whose flesh he eats. It is this principle which underlies cannibalism.

2 Amongst almost all primitive peoples the serpent is a symbol, or god of healing.

3 There are no hospitals of native origin in China, nor are there asylums for the insane of whom there appears to be a great many.

4 The ordinary occupation of mechanics, soldiers, etc., in the winter when work is slack is collecting manure in baskets from the roads and closets.

5 Of ninety men at work in our yard none died of cholera, though the disease was in their houses and immediate neighborhood. Their food was prepared in the yard, and all unboiled water, and raw foods, and fruits were prohibited.

AN UNUSUAL CASE.

BY A. J. HARRINGTON, M.D., M.R.C.S. (ENG.), TORONTO.

I was called to this patient, a multipara, at 8.30 a.m., and arrived at her residence at 8.45, when I was told that her infant had been still-born twenty minutes and was in the closet. I immediately went to the bathroom, and looking in the closet saw the infant there head downwards, and submerged to the hips, *i.e.*, the whole of the infant except from the buttocks down was completely under bloody water. On the top of the infant lay the attached placenta. The mother was in her bed and was quite comfortable with a pulse of 84. She says that she began to have pain in her right side, where she has a chronic salpingitis, at 3 a.m., and thinking that it was only another of her many attacks she took a one-quarter grain morphia tablet, which gave her very much relief; pains coming on again at 5.30 she took another morphia tablet, and going to the closet at about 8 she felt the birth of her infant into the closet, followed in a short time by the expulsion of the placenta. As there was only a useless charwoman in the house she immediately sent for her nurse and for me. She had not felt any fetal life for five or six days previous to birth and concluded this was due to the death of the fetus. While giving me this history I put on a bandage and arranged her toilet, which would take about fifteen minutes. The patient was still under the narcosis of the morphia (one-half grain). I then went to the bathroom, intending to remove the infant from the closet, and grasping it by the feet drew it out of its cold medium and placed it in the bath-tub with the placenta still attached, and while doing so I noticed a faint gasp by the infant, and seeing there was still some life present, I began by Sylvesterism, Schultzism and mouth to mouth

inflation to try to resuscitate the infant and succeeded in about half an hour in getting a lusty strong cry. It was exceedingly interesting during the manipulative procedures to witness the expansion of the atelectatic lung degree by degree to its fullest appreciable extent and the concurrent changing of the pallid bloodless cutis to the purplish-red color of the new-born child. The infant showed the development of an eight months' fetus. The interesting features in this case were that the change in medium from a hot to a cold condition did not induce inspiratory efforts, and the fact that this infant was totally immersed, with the exception of its buttocks and legs, for a period of not less than thirty-five minutes and yet lived. Who will explain these phenomena?

HOW MAY WE CURE POSTERIOR DISPLACEMENT OF THE UTERUS?*

BY DR. AUGUSTIN H. GOELET, OF NEW YORK CITY.

(*Abstract.*)

The author began by stating that errors in treatment and unsuitable operations are far too numerous to warrant the belief that posterior displacements of the uterus are clearly understood by all who attempt to deal with them.

He emphasized the importance of the utero-sacral ligaments in supporting the uterus, claiming that their significance is frequently lost sight of both in the operative and non-operative treatment of these conditions. He called attention to the importance of an accurate knowledge of the condition of the endometrium, uterine walls and pelvic floor, and pointed out the necessary condition for success in the treatment of retroversion as relating to them. Attention was called to certain concomitant conditions which would make operations fail in their object. Dr. Goelet disputes that posterior displacements can ever be cured by strictly non-operative treatment.

He advises in the treatment of retroflexions of not too long standing, dilatation with curettage and introduction of drainage stem with the fundus thrown forward by a tampon during treatment, followed by a pessary to hold the fundus in an exaggerated position till no tendency to return to the former position is shown.

In retroflexion with retroversion, after the first condition is

*Read by invitation at Fifth Annual Meeting of the Tri-State Medical Association of the Carolinas and Virginia, held at Columbia, S. C., February 25th and 26th, 1903.

cured, the second is best treated by shortening of the utero-sacral ligaments, while some can be cured only by ventral suspension.

Shortening the round ligaments in the inguinal canal was advised in "movable retroflexions" without complications as the best method of procedure.

In retroversions the author advises as sufficient in a limited range of cases initial treatment of the metritis and endometritis present by curettage and gauze in the uterus, followed by tampons rather than pessaries, with the faradic current for tonic effect to the utero-sacral ligaments.

The author describes a new operation for fixation of the cervix in a posterior position. After denuding a small area on the posterior aspect of the cervix and a corresponding one on the vaginal wall in the posterior cul-de-sac, the two places are brought together by suture. This simple procedure holds the cervix backward in position and throws the fundus forward.

It was further claimed that in retroversion with prolapse and cystocele ventral suspension gives the best results, as also in conditions of extensive adhesions complicated by diseases of the appendages. Ventral suspension, it was shown, did not interfere with pregnancy.

Trinity's Federation.—A closer federation between Trinity Medical College and Trinity University than exists at present is, it is said, being arranged for. For some time a joint committee of the two bodies, under the chairmanship of Mr. Frederic Nicholls, has been at work drafting a plan of reorganization. It is proposed to erect a new and modern medical building, completely equipped with adequate and up-to-date facilities for the work of a growing medical college. The committee has options upon a number of sites, and as soon as one is chosen work will be begun on the new building. At present Trinity Medical is federated with Trinity University only in regard to the degree conferring power. The proposed arrangement contemplates a closer connection along the lines of federation between Toronto Medical and the University of Toronto. For some years past this scheme has hung in abeyance, pending the outcome of the negotiations for affiliation with the Provincial University. So far these negotiations have resulted abortively, and a short time ago the present movement was inaugurated. Pending arrangements will be completed as soon as possible. Trinity Medical will seek to keep pace with Toronto Medical in the matter of new and better equipment.

MAIN BUILDING, TORONTO UNIVERSITY.

TORONTO UNIVERSITY—A FEW FACTS AS TO ITS PAST, PRESENT AND FUTURE.

It lacks but four years of a century since John Graves Simcoe passed away to sleep with his fathers; but his many deeds for the advancement of the Province of which he was the Lieutenant-Governor have caused him to be ever held in grateful memory, and his name is frequently upon our lips. A matter which always held in his estimation not the last place was education, and not the least enduring monument to the keenness of his perception is the University of Toronto. It was he who first impressed upon the Crown the national necessity of a Canadian university.

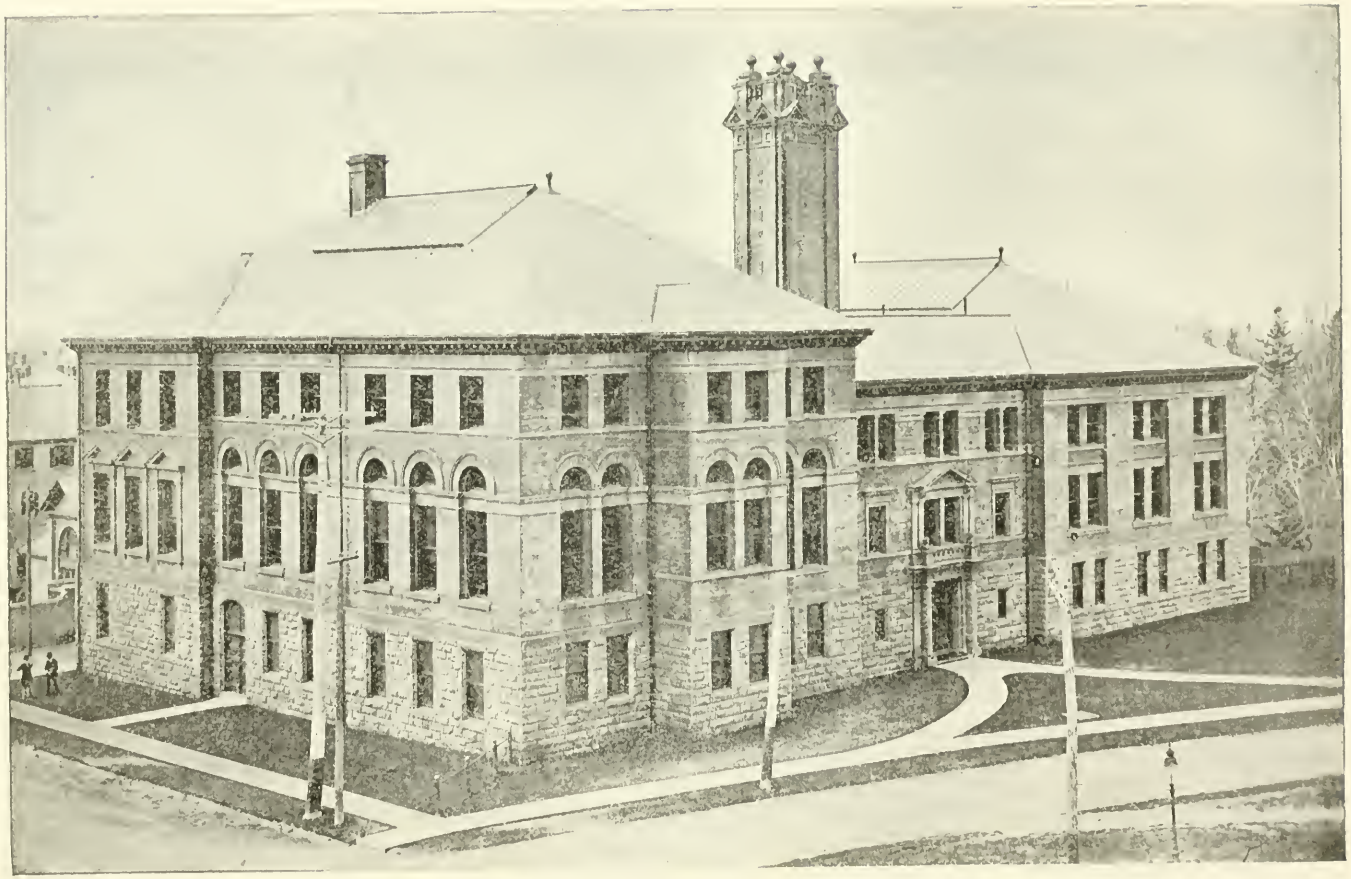
In a letter written soon after his arrival in Canada, to the Colonial Secretary, he said that while "lower education" might be provided for out of the resources of the Province, "the higher must be indebted to the liberality of the British Government, as, owing to the cheapness of education in the United States, the gentlemen of Upper Canada will send their children there, which would tend to pervert their British principles." In a letter written from York (now Toronto), in 1796, he intimated that the first claim on the public purse was "the endowment of a university, from which, more than any other source or circumstance whatever, a grateful attachment to His Majesty, morality and religion will be fostered and take root throughout the whole Province."

Satisfied that his schemes would reach a successful conclusion, he summoned to Canada in 1799 Mr. Strachan, a graduate of Aberdeen University, and afterwards Bishop of Toronto. At the age of nineteen he was a Fifeshire schoolmaster. On his arrival in Canada he found that ways and means were in an embryonic state, so he settled down to school teaching, first at Kingston, and afterwards at the "Home District School" at York, of which parish he had been appointed rector.

In 1826 Dr. Strachan drew up a curriculum of studies which he deemed advisable and made an estimate for the annual expense of a university. His modest request for $8,000, contrasted with the present annual outlay of $179,000, shows the development that has been accomplished since his day. As a result of a visit to England in the same year, 225,944 acres of Crown reserves were patented to the corporation of King's College, and £1,000 annually, for sixteen years, was granted for building purposes.

The intention of the royal charter granted was to make the college an Anglican institution. The bishop of the diocese was made, *ex-officio,* Visitor; the Archdeacon of York, *ex-officio*. Presi-

THE NEW MEDICAL BUILDING, TORONTO UNIVERSITY.



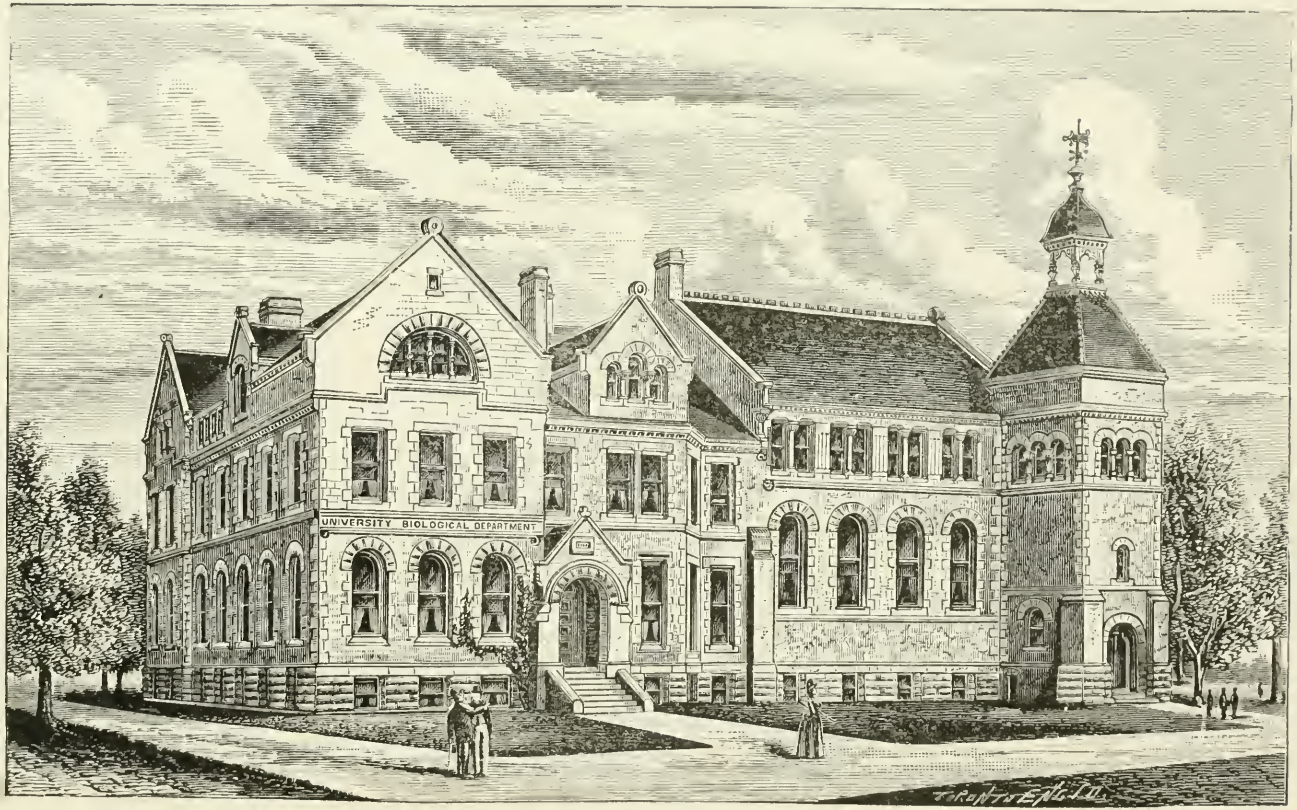
THE NEW CHEMICAL LABORATORY, TORONTO UNIVERSITY.

dent; each of the seven professors, who were to be members of the council, were to subscribe to the "Thirty-nine Articles." Provision was made for the recognition of divinity as one of its faculties, though no religious test was required of any matriculant into any faculty save that of divinity.

The devotion of public funds to sectarian control aroused an acrimonious controversy, which lasted twenty years and effectually paralyzed all efforts to put the university into operation. In 1828 the Legislative Assembly petitioned the King for permission to amend the provisions of the charter, which excluded from the offices and honors all who did not belong to the Anglican Church. The necessary authority was granted in 1829, but dissensions in the assembly as to the nature of the amendments delayed settlement till 1837, when the amended charter received the royal assent. In the same year preparations were made for the erection of a building on the site of the present Parliament Buildings. The rebellion of 1837 delayed the carrying out of the plans, however, till the 23rd of April, 1842, when Sir Charles Bagot laid the foundation stone of King's College.

Pending the completion of the building, the formal opening of the college for the admission of students took place in the Parliament Buildings on the 8th of June, 1834. After divine service, conducted by Dr. Strachan, the first president, the ceremony of receiving students took place before the members of the City Council and other guests. Of the twenty-six undergraduates who subscribed to the statutes, rules and ordinances, twenty-two were members of the United Church of England and Ireland, one a member of the Church of Rome, one of the Church of Scotland, one a Congregationalist, and one a Baptist. At the present time, and for some years, Presbyterians have been in the ascendancy, showing, perhaps, the appreciation of learning held by the Scotch. The representation of the Church of Rome has been steadily increasing.

The next six years were full of strife. Determined efforts to secularize the college culminated in 1849 in The University Act, by which its name was changed to "The University of Toronto." Contrary to expectation, none of the denominational colleges would co-operate in the promotion of secular culture, nor surrender their rights to confer degrees, as the Act deprived them of the privilege of sharing in the endowment. An Act in 1853 extended to denominational colleges the privileges of affiliation, and empowered the granting of scholarships, prizes and rewards, payable out of the University Income Fund, and open to competition in any of the affiliated colleges. By the Act the functions of the University were limited to the "examining of candidates for



BIOLOGICAL DEPARTMENT, EAST WING, TORONTO UNIVERSITY.

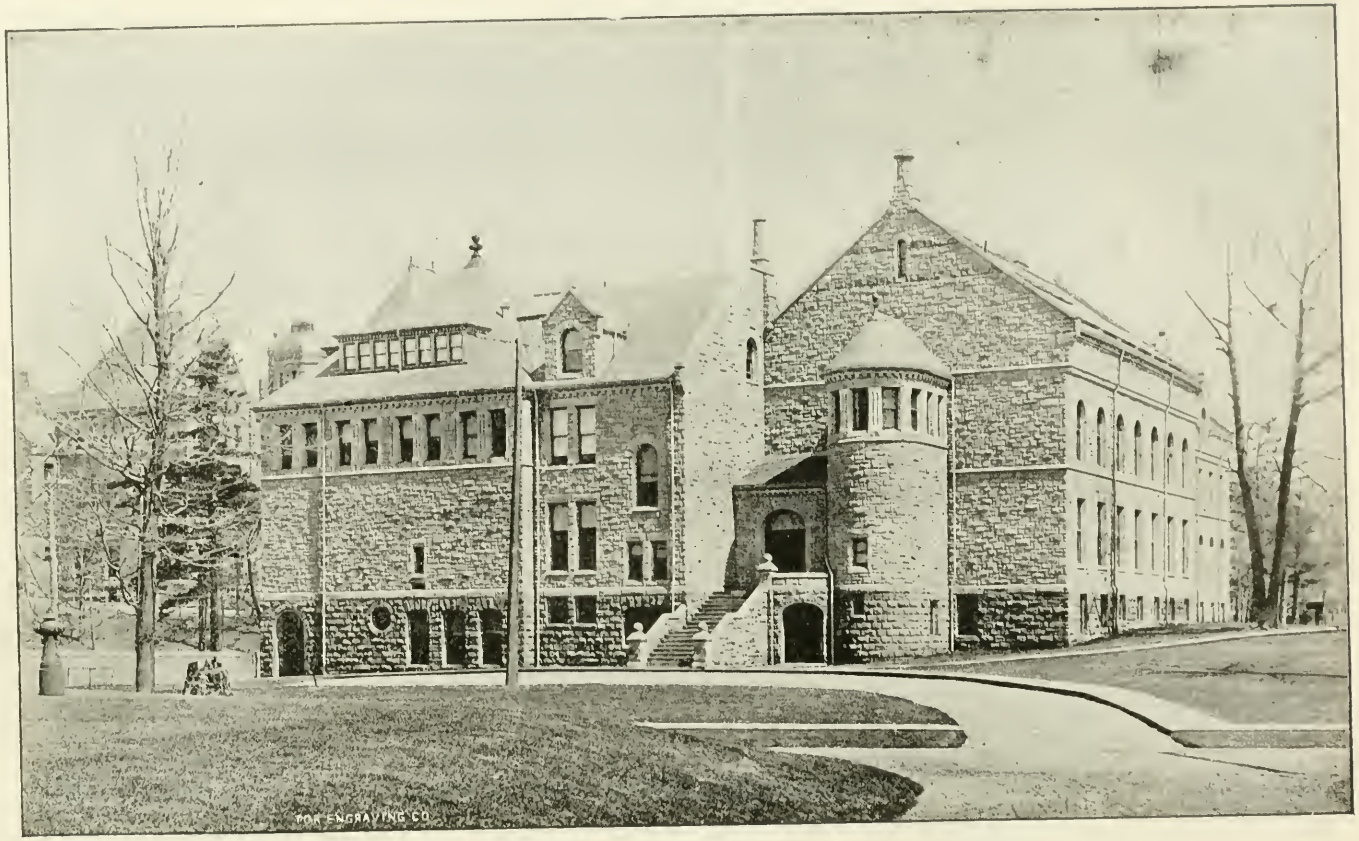
degrees and in standing." The teaching functions were invested in University College. In 1887 an Act restored the teaching of certain subjects to the University. The Act of 1853 was an endeavor to induce the colleges to leave their degree conferring powers (except in divinity) in abeyance, and join in a federal union with the Provincial University. Under this Act, Victoria University and Wycliffe, St. Michael's and Knox Colleges have federated with the University of Toronto.

The present main building of University College was commenced in 1856 and was completed two years later at a cost of $355,907. In 1890 it was partially destroyed by fire and was restored at a cost of $160,000. The library was in the main building, and its loss was inestimable. At this time a fine white stone structure was provided for its accommodation, and by the generosity of public-minded citizens it has been stocked with some 75,000 volumes.

The biological building was built in 1890 at a cost of $129,745. It contains a most valuable museum illustrating animal and vegetable morphology; the Ferrier collection of minerals is also exhibited here. The museum is not as well known to the public as it should be. The building is open to visitors from 2 to 5 p.m daily, except Sunday. The chemical department outgrew its old quarters, and was installed in its own building in 1895 at a cost of $82,000.

A Faculty of Medicine in the University of Toronto was established immediately upon the passing of the Act in 1887, and teaching is now imparted in all branches of medical science. All the advantages of the Faculty of Arts are available for the students in medicine, and the laboratories of the scientific departments are utilized by students in both faculties. New buildings for the Department of Medicine have been completed this year at a cost of $175,000.

James Loudon, M.A., LL.D., the President of the University, was born in Toronto in 1841, educated at public schools, Toronto grammar school and at Upper Canada College. Graduated from Toronto University in 1862, with gold medal in mathematics. He took the degree of M.A. two years later. From assistant lecturer in mathematics he became in 1875 professor of mathematics. His tastes were for applied mathematics, and in 1887 he became professor of physics. He attained the presidency in 1892. In 1894 he received the honorary degree of LL.D. from his Alma Mater. Prof. Loudon stands very high amongst the scientific men of America, and the fact that he has made several important discoveries in geometrical optics has assisted in placing him in that position of eminence in the scientific world that he occupies.



WEST WING OF BIOLOGICAL BUILDINGS, TORONTO UNIVERSITY.

CONTAINING THE MUSEUM AND ANATOMICAL DEPARTMENT.

Pharmacology and Therapeutics.

IN CHARGE OF
A. J. HARRINGTON, M.D., M.R.C.S.(Eng.)

A REPORT OF TWO CASES OF SEPTICEMIA, SUCCESSFULLY TREATED WITH H_2O_2 MEDICINAL.

BY E. J. MELVILLE, M.D., BAKERSFIELD, VT.

Case 1.—Feb. 6, 1894, was called to see Homer B., aged 14, who had been ill with a swelling in right groin for three weeks. Had been treated with hot applications, etc., but during that time abscess continued to grow, and at the time that I first saw him fluctuation could easily be made out. Temperature, 102.5 degrees F. Pulse, 120. Great emaciation. Constant vomiting. Daily chills followed by copious sweating, denoting pus absorption. Diagnosed appendicular abscess and advised operation. This was done same day under local anesthesia.

Much pus escaped, and several small portions of fecal matter, denoting an opening into the gut.

Temperature remained high, and sweats continued for three days following operation, indicating the presence of pus. I then began the use of Marchand's H_2O_2 medicinal, (15 vol.) so as to destroy the pus and morbid element which were still there. I injected 4 oz. of H_2O_2 with a glass syringe slowly, while patient was in the Trendelenberg position, and allowed it to remain about fifteen minutes. The boy was then lowered and laid upon his right side, when large quantities of pus, broken down tissue and gas flowed from wound. By gentle compression and massage of abdomen, much more was obtained. Large quantities of sterilized gauze were packed over the opening in right ride.

The flushing out with H_2O_2, etc., was repeated every twelve hours.

The improvement was prompt. Temperature reached normal, and remained so after 48 hours.

Wound was now washed out with the H_2O_2 daily for four weeks, after which time the abdominal wound and fecal fistula were entirely healed. Patient has since developed into a full-

grown laboring man, and has had no hernia nor any outward symptoms of his severe illness.

Case 2.—March 2, 1897, was called to see George T., a farmer, aged 38 years, who had been in the care of a Christian Scientist for four weeks for a large swelling in right side. The treatment consisted in endeavoring to persuade the man that he was not ill, and insisting that he take active exercise. Found patient in recumbent position with knees flexed upon abdomen, and suffering intense pain over right side of abdomen, which was filled with a soft fluctuating mass. Temperature, 103.8 degrees F. Pulse, 130. Opened abdomen under local anesthesia and evacuated three quarts of foul smelling pus.

Used 4 oz. H_2O_2 full strength, slightly warmed, after pus had ceased to flow, and repeated procedure every twelve hours.

This caused cessation of all untoward symptoms for eight days, when chills and fever returned.

Another swelling was then noticed in right lumbar region, which, upon opening, gave one quart of pus.

Flushed this second abscess in same way. The temperature soon reached normal, and patient made an uneventful recovery with exception of swelling of inguinal glands in left groin, which yielded in three days to hot fomentations.

For conclusion I might say, that in the above cases I used no medicines internally, and nothing externally but clean linen, plain gauze, and H_2O_2 (Marchand's).

The operations performed were simply opening abscesses, no drainage tubes, no flushing with salt solution or water, and no packing of abscesses.

Though I used the H_2O_2 in large quantities, and made no especial effort to see that all the solution returned, and though it was used over a period of several weeks, no untoward symptoms developed from its use.

The above gratifying results induced me to use Hydrozone (which yields 30 times its own volume of nascent oxygen instead of 15 volumes) in other cases where a large amount of pus was present, with such good results that I am now giving the preference to this very strong solution.

THE USEFUL ACTION OF SOME COMMON DRUGS.

Tincture of Aconite.—This drug has been called the "therapeutic lancet," and it is claimed that it is responsible to a great extent for the disuse of venesection. It bleeds the arteries into the veins, so to speak, and is indicated in all cases where there is a high, fast, bounding pulse—best given in minim doses every hour

in water. Especially useful in the beginning of all systemic disturbances, at the onset where there is fever, such as colds or influenza, febriculæ, any contagions, infectious or zymotic fever, or any circulatory disease. It lowers the pulse and produces a moist skin. A most useful prescription is:

℞ Tr. aconite ..... gtt. xvi. or gtt. xxxii.
Spts. aeth. nit..... ℥ iv.
Syr. aurant..... ℥ vi.
Aq. ad..... ..... ℥ ii.
One drachm in water every hour.

Morphia Sulphate does not produce cerebral congestion, opium does. Morphia sulphate, hypodermically, will prevent vomiting; by the mouth it will produce vomiting. Morphia sulphate hypodermically stimulates the heart; by the mouth it depresses its action. Morphia sulphate hypodermically will often prevent uremic convulsions; by the mouth, in a similar condition, it may produce the most alarming and dangerous symptoms and even death. Does the hypodermic injection of morphia deepen the asphyxia in asphyxia neonatorum? I have noticed on several occasions when morphia has been given women during labor that the infant has been markedly narcotized and that on two different occasions the efforts to resuscitate the infants were in vain. Opiates have a peculiarly disastrous effect on children except in the minutest doses, and it is possible that the amount of narcotic which the infant receives through the maternal circulation is as disastrous at this particular period.

Heroin Hydrochlorate.—This drug, which is the diacetyl-acid-ester of morphine, is a comparatively recent acquisition to the therapeutical armamentarium and has proven a most useful addition. It has been most efficacious in my hands in the irritable cough which is so frequently seen in old people and that following "la grippe," where there is no expectoration. It is of no use in whooping cough and is contraindicated in any of the acute bronchial affections where there is any expectoration, with possibly the exception of chronic phthisical patients, where the expectoration is free and abundant. Here it seems to have a certain sedative and stimulant effect. Under its influence the respirations are usually lessened and deepened. The dose I usually prescribe is from one-fifth to one-quarter grain for adults, and one-twentieth to one-twelfth for children. It often produces a soporific effect which soon passes off by lessening the dose, and has no bad after effects. It is best prescribed with syrup of acacia as follows:

℞ Heroin hydrochlor..... grs. iii. or grs. iv.
Syr. acaciæ..... ℥ vi.
Aq. ad..... .... ℥ iv.
Two ounces 3 or 4 times a day.

A good rule to formulate might be: "Do not prescribe heroin if there are mucus rales in the chest."

Thyroid Extract in Myxedema.—This nutritional disorder was present in a female patient, age 47, who consulted me in August, 1900. It was a typical case and when I saw her it was an easily recognized condition. The face was swollen and disagreeable looking, the tongue was thickened and produced a mumbled thickened speech. The puffy skin did not produce any pitting on pressure. She seemed stupid and sleepy and was exceedingly nervous, especially at night, when she had most distressing pain down the back, shooting into the extremities. This was undoubtedly a case of true myxedema and had been present for nearly twelve years. On account of the nervous condition and the chronicity of the disease I gave a very guarded prognosis and thought it would be many months before she would make any improvement. I put her on 5-grain tablets of thyroid three times a day, which she took for two days, when they began to disagree with her, producing vomiting, faintness, and headache. I lessened the dose to half a tablet three times a day, and finally to one tablet each morning, and this was the greatest amount she has ever been able to take. The symptoms disappeared like magic, for in three weeks she was an entirely different woman and became bright, happy and vivacious. She keeps the thyroid tablets and occasionally takes one. I had intended having this case photographed, but the remedy acted so quickly and the leading symptoms disappeared so completely that I was more than surprised at the therapeutical action of the tablets. Since writing the above notes I see an article in Ander's Practice of Medicine which corresponds to my own observations. The author says good results are obtained usually within a month, though it is probable that even after all the symptoms have subsided the treatment may have to be continued off and on if the thyroid gland seems to be permanently atrophied. This author says that arsenic, combined with thyroid extract, lessens the toxic action of the latter.

Useful Drugs in the Treatment of Warts.—These are all structurally the same, but all the varieties require different treatment. The ordinary warts (verruca vulgaris) seen most commonly on the hands of children are best treated by the constant application each night of a poultice of equal quantities (in bulk) of powdered elm bark and powdered linseed meal. These poultices should be faithfully applied every night for ten or twelve nights and taken off in the morning. These warts should never be irritated by caustics under any circumstances, not even the mildest irritants should be applied to them. This is a simple treatment but requires a little trouble in carrying it out on the part of the patient, but it is most efficacious and leaves the skin in a healthy normal condi-

tion, far different from the eschars seen after the painful application of cauterant acids or caustic alkalies. Flat warts (verruca plana) generally seen in old people, may be pigmented, are often intensely itchy and may be the starting point of malignant growths. The treatment of these warts is often disappointing, but the following application may prove useful:

℞ Ac. salicylic..... ℥ i.
Ext. cannab. ind..... ℈ ss
Collodion..... ℥ i.

Apply each night with a camel's hair brush for three nights, then soak off with warm water. Intermit three or four days and apply as before. The intense itching of these warts may be at once relieved by the following salve:

℞ Cocaine mur..... grs. viii.
Morphia mur..... grs. ii.
Vaseline..... ℥ i.
Apply when irritable.

Venereal Warts (verruca acuminata).—These are often called syphilitic warts, but they are not syphilitic, and according to most authorities are gonorrheal in their origin. These papillomatous outgrowths being due to irritative discharges are highly contagious. They require different treatment in the male and female. In the male I have had the most satisfactory results by the application each night of subnitrate of bismuth in powder, keeping the part constantly unwashed and dry. If any incrustation of the powder takes place, simply scrape it off and apply fresh powder. In a few weeks they will all have disappeared. If there are only one or two pedunculated growths apply cocaine and snip off with scissors. In the female, where the vulva and surroundings are covered, I order hot poultices for a few days, then apply freely dusting powder of equal parts by bulk of tannic acid and iodoform, or if patient objects to iodoform I use two drachms of tannic acid, 2 drachms iodol, and 1 drachm boracic acid in the same manner.

Herpes Progenitalis.—Herpetic vesicles if confined under the foreskin are immediately checked and magically removed by the constant dusting of bismuth subnitrate.

Painless Treatment of Chancroids.—Apply, after thoroughly drying, a solution of permanganate of potash, one drachm to an ounce of water. After making the application apply thin piece of absorbent cotton. Repeat the application every other night. This is a very satisfactory treatment and easy to carry out and avoids all painful treatment which is necessary in treating these troublesome ulcers with strong acids. The above solution is an excellent application in impetigo contagiosa, in herpes, in all forms of open ulcers where there is much discharge, and is unequalled as an application in tardy healing vaccination ulcers. A. J. H.

Selected Articles.

NOTE ON THE FREQUENT GREAT DISPARITY BETWEEN FALLS UPON THE BUTTOCKS AND THE SUBSEQUENT PERSISTENT PAIN AND IRREMEDIABLE HELPLESSNESS IN PERSONS IN ADVANCED YEARS.*

BY OSCAR H. ALLIS, M.D., OF PHILADELPHIA.
Surgeon to the Presbyterian Hospital.

It is well known among the members of the medical profession that very trifling injuries are sufficient to produce fracture of the neck of the femur, and it is quite as well known that the results of these simple injuries vary greatly,—that in one case a good and useful limb will be obtained, while in another total helplessness will result. The fact that in one case satisfactory results follow treatment and in another under similar treatment pain and total helplessness, leads patients and their friends to reflect upon the skill of the respective surgeons, and has led many a surgeon to have confidence in a line of treatment that greater experience would show to be premature and ill founded. In the following remarks I shall not dwell upon the subjects of diagnosis and treatment, but will confine myself to the topic under consideration, and offer a few reasons for the pain and helplessness, and suggest a remedy for it.

I will first give brief histories of cases that have been victims of pain and helplessness until relieved by death; second, report similar cases that have recovered with useful limbs; third, will give the pathology of a few cases that I have posted or operated upon, and conclude with surgical procedures for its relief.

Case 1.—Mrs. W. H., widow, seventy-nine years of age, active and in apparent good health, arose from her bed at midnight, tripped in her night-dress and fell to the floor. The immediate pain and helplessness were the occasion of my summons. I found her with shortening, eversion, relaxed fascia lata, and excessive pain and helplessness. These being the signs and symptoms of fracture of the neck, she was immediately made as comfortable as possible, and, to prevent the formation of bed-sores,

*Read before the Philadelphia Academy of Surgery, October, 1902.

her position was changed, her bed kept as free from pollution as a dribbling bladder would permit. Efforts to move her were attended with pain, and when it was deemed proper to get her out of bed and sit her up, the pain was greatly increased. She lived four years, and was a helpless sufferer during the entire period.

Case 2.—Mrs. G., sixty-five years of age, was growing feeble from paralysis agitans, but otherwise not a sufferer. While sitting in a low rocking-chair she slipped to the floor; the fall was accompanied with so much immediate pain and helplessness that I was summoned. All the signs of fracture of the neck of the femur were present. The pain from the time of the original injury to her death, which occurred six years afterwards, necessitated day and night watches to turn and relieve her position.

Case 3.—Miss B., aged sixty-six years, arose from her bed and through some entanglement was pitched forward upon her hands and knees. She said that if her thigh had been made of glass it would have broken, as she thinks her thigh was broken. All the symptoms of fracture of the neck of the femur were present. She was gently moved about in bed and no bed-sores resulted. It is now six years since the injury. She can barely stand alone, and is practically helpless, though in comparatively good health.

In none of these cases was there any attempt at treatment, the effort on my part being to avoid bed-sores and to make the patients as comfortable as possible. To show that the bad results were not due to faulty treatment upon my part, I will give three cases as nearly parallel as possible.

Case 4.—Miss R., aged sixty-three years, fell in the yard; as it was in winter, the pavement might have been slippery. I saw the case with Dr. Franklin Mathews a few days later. He had diagnosticated fracture of the neck of the femur, but had not made a thorough examination, deferring it, if necessary, until I came. All the signs were so clear that no further examination was made. She had received no treatment save that of making her comfortable in bed. After my examination, she said, "I do not know why you advise my staying in bed. I am as well as ever except this bruise." She was not told her hip was broken. She was helped out of bed the second week, and in due time walked with crutches, then without them, going to visit friends and to church. An autopsy several years later confirmed the diagnosis.

Case 5.—Clergyman, aged seventy-eight years, was knocked down by a passing carriage; was rendered helpless and brought home in conveyance. Fracture, neck of femur. Was gotten out of bed second week. Soon moved about on crutches, and later

went into the pulpit, with a number of steps to ascend, and preached an old-fashioned—which means a long—sermon. He was indeed proud of his achievements upon his broken thigh.

Case 6.—Mrs. G., widow. Though suffering from paralysis agitans, she was able to go about. Was struck by a waggon and knocked down. Every sign of fracture of the neck of the femur presented. Confinement for a few days revealed a forming pressure sore and special treatment abandoned. She was made comfortable. No particular attention was paid to her fractured thigh. Gotten on to her side and propped with pillows to relieve pressure on her buttocks. Later out of bed. She recovered, and had a useful joint, going up and down stairs and all about her house without the use of a crutch or cane.

As the only treatment in these cases was to make the patients comfortable, and to avoid pressure sores by changing their position in bed several times a day, some might infer that had extension been made or long splints been used the results would have been better, but I have been careful to give an equal number of the two classes,—the first of great and permanent sufferers, and the second with but little pain and recovery with useful limbs.

To make my point more emphatic, I add the history of a case treated by Dr. Walter C. Stillwell.

Case 7.—Mrs. C., aged sixty-seven years, fell in the yard; was treated with extension and lateral supports for eight weeks, during which time there was no pain. She was then permitted to get up, when the pain commenced, and continued until she died six years later, during all of which time she had been obliged to sit in a chair night and day. The injured limb swelled greatly, and the distention, no doubt, caused much of the pain.

The different results from trifling injuries—for such falls as I have described are comparatively trifling—must be due to very different conditions present. These may be considered under the following heads:

1. Osteophytes may spring up about the injured joint, or fragments of bone from the original injury may become fixed like stalactites and pierce the tissues. Such a condition I found present at the autopsy in Case 1.

2. The fall may in one instance produce concussion of the joint. In experimental work, I have found that when great pressure has been exerted against an articulation, in some instances the cartilage has been depressed, cracked, and distinctly broken. Although in fractures of the femoral neck the yielding of the bone under comparatively slight injury would preclude a concussion or severe injury to the joint, yet in autopsies, after years of suffering, I have found evidence of a mild subacute arthritis that accounted fully for the pain. In

one instance in which I was permitted to operate five years after a fracture of the femoral neck, I found no evidence of active degeneration of the articulation, but the head and socket both showed large areas of absorbed cartilage and denuded bone.

3. The sciatic nerve may at times be pinched or torn. I know of no facts to warrant this statement. There are facts that show that this nerve is injured by dislocations. Autopsies show that blood has been effused into the sheath of this nerve, and the same has been lacerated and torn in two. It is also known that paralysis has followed either injury to the nerve from dislocation or from injury in attempts at replacement. In one case of a comparatively slight fall backward, the patient experienced no great pain, and was able to get up and go into her kitchen. The pain arose while she was in a sitting position, and soon became so violent that she could not move the limb without pain. An examination under ether revealed no bone lesion, and the conjecture was that the sciatic had been bruised.

4. The ligamentum teres may be torn. Of this I have no positive evidence. In one autopsy to examine a fractured hip it was either congenitally absent or absorbed. I have in experimental work torn the ligamentum teres without dislocating the head of the femur.

In regard to treatment, I have little to offer. In one case I removed the fragment of the head of the femur five and a half years after the injury because the patient had suffered pain night and day all these years and could endure it no longer. As the patient was sixty years old, with atheromatous arteries, the fact that no brilliant result followed may not be wholly attributed to the operation. The pain is much diminished, none at all at times, and locomotion gradually improving.

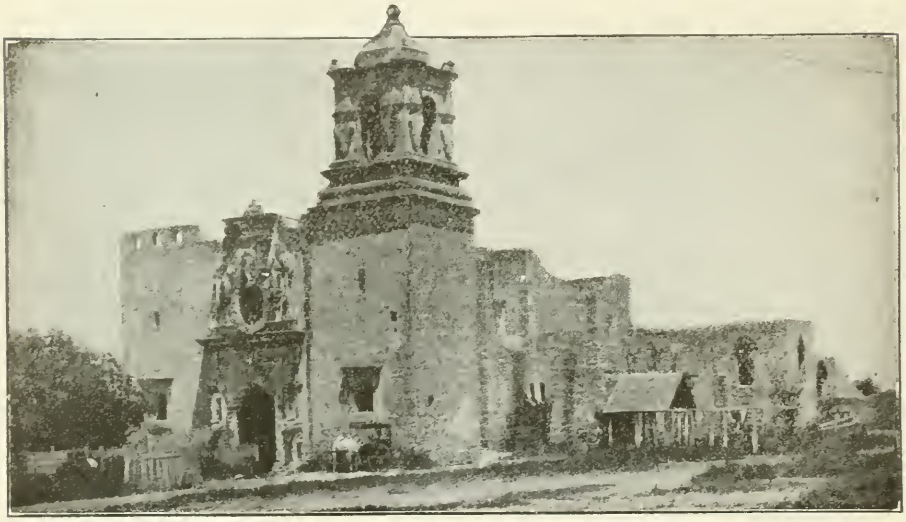
If an operation be undertaken, it is reasonable to think that it should be indicated by the persistency of pain,—after one or two months. There are few surgeons who would think of removing the fragments of a broken femoral head and neck without first seeing what effect treatment would bring about, but after one or two months of continuous pain, surgical interference is warranted, provided the patient's age and strength will permit.—*Annals of Surgery,* March, 1903.

THE HOT SULPHUR BATHS OF SAN ANTONIO, TEXAS.

San Antonio, Texas, has heretofore been known to the tourist and invalid world for its dry anti-malarial southern climate, its clear weather, equable temperature, where snow is practically unknown, and the frost king seldom penetrates, its historical ruins, and memories and quaint picturesque surroundings. These attrac-

tions have been sufficient to draw here, every winter, thousands of visitors on health or pleasure bent, from all sections of the world.

During the past few years the city has made remarkable strides forward in all the essentials that constitute a modern up-to-date city, and that tend to contribute to the comfort and pleasure of its inhabitants. It is to-day a city of 60,000 people; in point of population, business and importance, the recognized metropolis of the State. It is well governed; its water supply is not excelled by any in the country; it is well sewered and well lighted; its streets and plazas are kept clean and in repair; it has laid out and beautified many handsome parks; when the work now under contract shall have been completed, it will be the best



MISSION OF SAN JOSE, NEAR SAN ANTONIO.

paved city of its size in the country. The Army Headquarters, its importance as a tourist point, and the cosmopolitan character of its population, all contribute to its social importance.

It is at the threshold of the greatest sportsman's paradise with gun and reel remaining in the United States. Nowhere else can be found such deer hunting as on the boundless prairies of Texas; such turkey shooting as in her pecan bottoms; such duck hunting as in the bays that indent her great coast line; and on the thousands of fresh water ponds that dot her prairies. The world already knows of the wonderful tarpon fishing of Aransas Pass, the home of E. H. R. Green's famous Tarpon Club of millionaires. But the lover of the rod and reel nowhere has to go far in search of sport, as all the waters of the state are well stocked with the

finny tribe. Short excursions from San Antonio will bring the sportsman into the heart of the best hunting and fishing ground in the State.

It is an accessible city, being situated about midway across the continent, and directly on the line of winter travel to California and Mexico. It is the junctional point of four great railroad systems, the Southern Pacific, I. & G.N., S.A. & A.P. and M., K. & T. railroads, and the terminus of the latter.

This year San Antonio enters upon a new era in her history, as a "water cure" resort. For several years the southern portion of the city has been known to overlie a subterranean stratum charged with hot medicinal waters, possessed of wonderful properties.

These life-giving waters have at last been made available to the

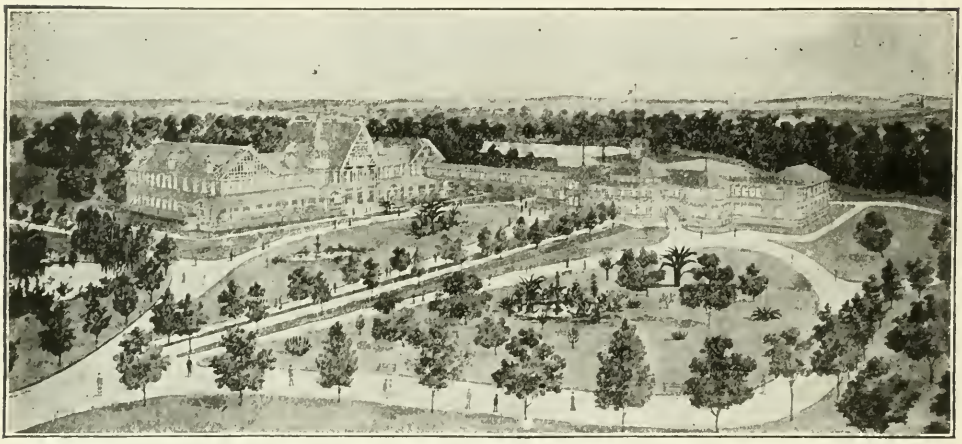
MISSION OF SAN JUAN, NEAR SAN ANTONIO.

public, and it will be the province of this short article to try and give to the Canadian profession a little information in regard to what is probably the most remarkable mineral water yet discovered.

The hot sulphur, alkaline, saline waters come from a volcanic geyser, 2,000 feet deep, with a natural temperature of 104 degrees, Fahrenheit, a natural pressure of 42 pounds, and a flow of about 300,000 gallons a day. The water belongs to the State of Texas, and is leased by special act of the Legislature. It has the distinctive advantage over all other known waters of being just the proper temperature for use as it comes from the earth, requiring neither cooling, heating or mixing with other waters, thus retaining all the virtues imparted to it in nature's laboratory. It is the only natural hot water resort located in a climate that constitutes in it-

self a sanitarium, and where bathing can be conducted with safety the year round. It is the most remarkable mineral water yet discovered, each gallon containing 40 grains of free sulphur (nature's skin and blood purifier) an amount possessed by no other hot water, together with other therapeutic agents of recognized virtue, and nowhere else found in combination.

The San Antonio climate possesses every advantage for an all-year-round resort, where bathing in the thermal waters can be pursued with safety and good results at all seasons. It has no rainy season; is anti-malarial throughout the year. Its dry, warm, balmy winters make it the natural haven in that season for people from the colder latitudes. Its dry atmosphere, invigorating breezes and equable temperature in the summer (where the sultry extremes which occur in the North are unknown) make it a de-



HOT SULPHUR WELLS HOTEL, SAN ANTONIO.

lightful resort for the people from the coast country, and the malarial districts of Central and East Texas, Louisiana and Mississippi. It has a better summer and winter climate than Hot Springs, and presents a marked contrast to that of Central Texas resorts, where the conditions are decidedly malarial.

The San Antonio water contains 285.5 grains of minerals to the gallon, chief among the properties being free sulphur, whose virtues as a blood and skin remedy we are taught in early childhood. No other known water possesses the same amount of free sulphur in conjunction with natural heat; among the other constituents may be mentioned bromide of sodium, carbonate of magnesia, lithia, iodide of sodium, and sesquioxide of iron, phosphate of soda, and chloride of sodium. Of the gases, sulphuretted hydrogen is almost a specific for rheumatism and skin diseases, and the chlorine gas rendering the waters germicidal.

The baths in these waters have a wonderful tonic and magnetic effect imparted by the natural gases and the iron, sulphur and salt and their effect upon the skin and scalp is marvellous. When the world shall know the virtues which this water possesses for the restoration of youth and vigor, the cleansing of the blood of many of its impurities, and for imparting to the skin the clearness and velvety softness of a child, it is destined to become the resort par excellence of the fashionable as well as the invalid world.

Mineral water as a medicine is one of the greatest and best of all known curative agents, and the wonderful discovery, hot sulphur baths, is to all remedial discoveries what Minerva was to all the Grecian mythological gods, for it is perfection itself in all of its constituents, a prescription prepared and put up in the vaults of nature's own laboratory—a God-made remedy—a boon and a blessing to all who suffer. It will prove its virtue in many ailments, for it came from the same source man's life came, and is the leaven that re-leaveneth the life of all whose vitality, from sickness, old age, cares, worry, anxiety, and general depletion, need a re-lifegiver.

Man never has, can, or will discover, make or compound its equal for human ills, be they what they may. Nothing in or out of the earth, yet to the knowledge of man, has performed such miraculous cures.

DOCTORS IN WAR TIME.

At the Armories one evening last month, in the course of lectures which are being given for the benefit of those interested in military science, Surgeon Lieut.-Col. Nattrass, A.M.S., P.M.O., M.D., read a paper on "The Disposition and Work of Medical Units in Time of War."

In approaching his subject, the speaker stated that the present system of dealing with the sick and wounded in war-time was the result of a gradual process of evolution which had seen its beginning in times when war and its hardships were of less frequent occurrence than now. Investigation had brought out the fact that it costs a great deal more to cure a sick or wounded soldier than it does to recruit one, and hence the value of improved methods in the care and treatment of the sick and injured could not be overestimated.

Medical science as applied to war had shown its greatest development in the Royal Army Medical Corps, one of the great branches of the British army service. The speaker then proceeded to prove by figures that more soldiers died in the field from disease than from wounds received in battle. This was a result of the

extremely unsanitary conditions attendant upon war and its confusion. Scarcity of rations and the overcrowding of quarters also contributed to this cause. The British "Tommy," however, had the reputation of being, of all nationalities, the most tractable and patient in the face of great hardship.

Army Medical Corps.

The speaker then explained the entire organization of the Royal Army Medical Corps, which he illustrated by the diagram of an army division, and pictures of the different methods of removing the wounded from the field to field hospitals.

Every British soldier was nowadays provided with a dressing outfit worn inside the tunic, and consisting of bandages and other necessary appliances, so that if not entirely disabled, he could do anything possible for himself. When a soldier had received medical attendance, and before being forwarded to a stationary hospital by railway or otherwise, he was labelled with a ticket which bore his name and a short description of his injury, for the guidance of the surgeons who would attend him when he arrived there. Also from a diagram was traced the progress of wounded "Tommy" from the scene of the struggle to the field hospital, to the stationary hospital, and if the seat of war were at a great distance from home, to the hospital ship, and from thence to the great military hospital at Netley, where the invalided "Tommy" wanted for nothing.

The location of field hospitals was then taken up, particularly as to their convenience in proximity to rivers and lines of railway, and in this connection were compared the respective railway trains of England and America as to capacity and ease of access, when they had to be pressed into service.

South African Experiences.

Continuing, the Colonel gave some attention to his South African experiences, and showed the high standard of efficiency to which the medical service had been brought by the statement that, though many charges of gross mismanagement and neglect had been made against other departments, the work of the Medical Service in South Africa all through the war was carried on without criticism. The speaker also related an experience he had had in the Rebellion of 1885, when in command of the Toronto Red Cross Corps in a march from Swift Current to Battleford, a distance of two hundred miles. Though the Corps had been expensively equipped before leaving home, it was found when the scene of action was reached that it was necessary to use rather primitive means of transportation, so half of their equipment had to be left

behind. However, this was a direction in which great advances had been made since those days.

In concluding, the lecturer dealt with the relative severity of the wounds produced by the different rifle-bullets, and quoted a list which showed the "Mauser" to be the least harmful bullet now used by war-like nations. The tendency of the modern rifle-bullet was to make a much more clean-cut wound than the bullet of earlier days. In South Africa it was found that, if a man was not hit in a vital part, in the great majority of cases his wound healed very rapidly. The speaker also commended the provisions drawn up by the Geneva Convention for the government of nations in this regard. After all, the great object of wars and battles was not to kill as many men as possible, but to place as many men as possible *hors de combat.*

A CANADIAN SARATOGA.

"The Grand Trunk has discovered St. Catharines," said Mayor Burgoyne on Feb. 27th, to a festive gathering of some fifty or sixty Grand Trunk officials and ticket agents from Ontario points who celebrated, with an equal number of the prominent citizens of St. Kits, the house-warming of the Garden City's remodelled and improved sanitorium hotel, "The Welland." The well of St. Kits has now a continental reputation for the curative power of its waters, and to meet the increasing influx of visitors to the city, who come from all parts of the country to drink health from its springs and rest shattered nerves far from the maddening crowd in luxurious ease at The Welland, the hotel has recently been enlarged and greatly improved. The visit of the ticket agents here, on the invitation of the Grand Trunk, was for the purpose of making them personally acquainted with the attractions of the place from the standpoints of health, comfort and recreation, so that they could more intelligently answer the queries of prospective visitors. St. Catharines would like to become the Canadian Saratoga, and the Grand Trunk is disposed to assist in the realization of the dream.

The city has many qualifications for the position. It is situated in "The Garden of Canada," only eleven miles from Niagara Falls, and within easy reach of either Toronto or Buffalo. Nature has smiled on the city and surrounding orchard and fruit lands. Scenic beauty is combined with richness of soil. The visitor, who comes from the strenuous life of big cities seeking rest, finds here a happy combination of the quiet charm of Sleepy Hollow, with the modern stimulus of a thriving little city. The victims of rheumatism, gout, or neuralgia, and martyrs to a recalcitrant liver

find here a model sanitorium, with a remedy provided by Nature in the Saline Well, which is unsurpassed on the continent. And now, with its hotel *de luxe,* St. Catharines is ready to receive with confidence the most fastidious health or pleasure seeker.

The guests from Toronto and eastern points arrived per special car at eleven o'clock in the morning. The Mayor, President McLaren, and Secretary Campbell, of the Board of Trade, and representatives of the Council and city press welcomed the visitors and escorted them to The Welland, where they were shown through the new quarters by Mine Host Malcolmson. The hotel is of colonial type, and is pleasantly situated near the city park. There is accommodation for 150 guests, and a staff of 50 employees are at their service. Last summer the place was taxed to its full capacity, and it is expected that the new additions will soon prove inadequate for the growing popularity of the resort. It is believed that before long a sanitorium with accommodation for 500 guests will be a paying institution. The appointments of the establishment are complete and up-to-date in every particular.

After luncheon the party boarded two special cars provided by Manager Seixas of the N., St. C. & T. Railway. A quick run was made to Port Dalhousie, where the members spent a half-hour exploring the quaint old town. On the return trip, the Barnesdale vineyards and wine vaults were visited, and the visitors were duly impressed by the sight of the long row of vats containing, in all, a quarter of a million gallons of wine. After a considerable stay, the cars were again boarded for St. Catharines, where the mineral well and the bottling works of the Mack Mineral Springs Co. were visited. The health-giving properties of the St. Catharines waters attracted people to St. Catharines half a century ago. Before the war many wealthy Southerners annually visited the city. Since the war, until recently, the waters have not been vigorously exploited. The Mack Company is now placing the water on the market for table use, and it is rapidly becoming popular. The analysis shows 275 grains of sodium to a pint and 125 grains of calcium chloride. Its prototype in Europe is the celebrated Creuznach Spring in Russia, which contains about 110 grains of sodium to a pint. The visitors filled their pockets with bottles to take home to show their wives exactly what they had been drinking.

In the evening a banquet was given at the hotel at which over one hundred guests, including railway and newspaper men, and prominent citizens, did justice to an elaborate menu. Speeches, cigars, and *cafe noir* followed in the amusement hall. Some of the visitors were obliged to leave on the night train for Toronto, but many remained over to test the "rest" qualities of the hotel until after Sunday.

AMERICAN MEDICAL ASSOCIATION NOTES.

NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

THE general officers of the American Medical Association, 1902-1903, are as follows: President, Frank Billings, Illinois; First Vice-President, J. A. Witherspoon, Tennessee; Second Vice-President, G. F. Comstock, New York; Third Vice-President, C. R. Holmes, Ohio; Fourth Vice-President, James H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois; Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrangements, Isadore Dyer, 124 Baronne Street, New Orleans, La.

Mr. Charles A. Farwell is the Chairman of the Citizens' Committee, with the Honorable Paul Capdevielle, Mayor of New Orleans, as the Honorary Chairman. This committee will shortly be organized for the purpose of soliciting subscriptions from the lay public and for co-operation with the Committee on Entertainment.

Excursions from New Orleans to Cuba and arrangements for a circular trip by way of Washington and New York are being discussed. The Committee of Arrangements are filing all applications and correspondence bearing on these points with an idea of submitting all feasible trips to the consideration of intending visitors to the New Orleans meeting.

Rates.—The Southern Railway has announced a reduced rate of one fare for the round trip from Washington, or from any point on their system to New Orleans and return. Tickets will be on sale May 1 to 4, and will be good for continuous passage in each direction with a final limit of ten days from the date of sale. Tickets can be extended for a longer period, however, provided they are deposited in person, by the original purchaser, with the Special Agent at New Orleans, not later than May 12, 1903, and fee of fifty cents is paid at the time of deposit, when the final limit will be extended to a date not later than May 30. Further information may be obtained from the Chairman of the Committee on Transportation, Dr. H. L. E. Johnson, Jefferson Place, Washington, D.C.

St. Charles Hotel Rates.—*European Plan.*—Room without bath, one person, from $2 up.

Room without bath, two or more persons, from $1.50 each, up.

Room with bath, one person, from $3 up.

Room with bath, two persons, from $5 up; each additional person, $2.50.

Alcove parlor and regular parlor suite, regular rates less 20 per cent.

American Plan.—Room and board without bath, one person, from $4 up.

Room and board without bath, two or more persons, from $3.50 up.

Room and board with bath, one person, from $5 up.

Room and board with bath, two persons, from $9 up; each additional persons, $4.50.

Alcove parlor and regular parlor suites, regular rates less 20 per cent.

Should there be no unoccupied rooms of the exact kind desired, the next best will be given to be changed when opportunity offers.

A meeting of the Committee of Arrangements, New Orleans, January 26, 1903, was held in the rooms of the Orleans Parish Medical Society. There were present Drs. F. Billings, President of the A. M. A., and Geo. H. Simmons, Secretary of the A. M. A., and Dr. Isadore Dyer, Chairman of the Committee of Arrangements, with Drs. LeBeuf, Friedrichs, Parham, Moss, Matas, Fortier, Maes, Clark, Smyth, Blum, King, Menage, Callan, Graner, Chassaignac, de Roaldes, Walker, Guthrie, also Mr. Charles Farwell, Chairman of Auxiliary Citizens' Arrangement Committee.

Meeting was called to order by Dr. Dyer, Chairman. Dr. Dyer introduced Drs. Billings and Simmons to the Arrangements Committee. At the request of Dr. de Roaldes minutes of the meeting of November 15 were read and approved. At this meeting the approaching convention was fully discussed and we will be able to go into details in next month's issue, by which time the full programme will be complete.

The Pan-American Medical Congress in Toronto.—A mass meeting of the members of the Ontario Medical Library Association and members of the medical profession generally was held in this city on Tuesday, the 10th ult., in the Biological Building, Toronto University. In addition to several matters connected with the library itself, a discussion took place as to whether it would be wise to try and arrange that the 1903 meeting of the Pan-American Medical Congress, to be held somewhere in the month of September next, take place in Toronto. Various opinions were expressed on the subject by those present, the majority, however, feeling that, if the Pan-American came here next fall it might seriously interfere with our national society, which meets in the City of London in the month of August. For that reason the idea has been dropped.

The Canadian Journal of Medicine and Surgery

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Mental and Nervous Diseases—N. H. BEEMER, M.D., Minico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto; and EZRA H. STAFFORD, M.D.

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Pathology—W. H. PEPLER, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto; Demonstrator of Pathology Trinity Medical College; Physician to Outdoor Department Toronto General Hospital; Surgeon Canadian Pacific R.R., Toronto; and J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology. Toronto University Medical Faculty.

Ophthalmology and Otology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Laryngology and Rhinology—J. D. THORBURN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

VOL. XIII. TORONTO, APRIL, 1903. NO. 4.

Editorials.

A FORMULA FOR GIVING ALCOHOL IN FEVERS.

So much attention is directed nowadays to the acknowledged evils of the liquor traffic, to its ruinous effects on the individual and the family, that a tendency is growing up among physicians to reject even the therapeutic employment of alcohol. Thus Bunge says: "There are few drunkards who cannot fortify themselves with a medical authority as an excuse for their evil habit;" meaning, of course, that many people would not have learned to drink alcohol to excess had they not first acquired a taste for it through the

means of a doctor's prescription. Even if this assertion were quite true in every respect, it should not invalidate the therapeutic employment of alcohol. Reasoning in a similar way, the use of opium in medical practice should be denounced, because there are so many morphine fiends.

Bunge's statement is, however, only a half truth. To acquire tuberculosis from the bacilli tuberculosis, which swarm in the air of inhabited places, the tissues of a human body must be in a fit condition to nourish these bacilli. In other words, the seed of tuberculosis must fall on a soil in which the power of resistance to tuberculosis is small indeed. It is much the same with the formation of the habit of alcoholic excess. Is it not remarkable that the vast majority of men drink in moderation, or not at all, while a few yield to their intemperate appetites, regardless of wife and child, and careless of the loss of a good situation. "We must admit, to a certain extent at least, the existence in the heavy drinker of a cerebral blemish, consisting of a predisposition to let oneself be carried away by, and to offer no resistance to, one's propensities, or even, in extreme cases, a want of moral sense." Legrain says: "He whose will is opposed to it does not become a heavy drinker; drunkenness is a disease, a morbid condition of the brain." (Triboulet and Mathieu.)

It is not our intention to even recapitulate in this article any considerable number of the therapeutic uses of alcohol. The enumeration would be lengthy and, for our readers, superfluous. Although not so much in demand as it used to be in the days before the antitoxin of diphtheria came into use, most practitioners of experience know how powerfully alcohol aids in the recovery of the diphtheritic patient. In certain stages of acute diseases, such as typhoid, small-pox, pneumonia, cerebro-spinal meningitis, capillary bronchitis, etc., alcohol is a potent remedy for good. Most authorities state alcohol should only be employed in such cases when there is marked depression of the circulatory apparatus, characterized by a weak, soft, rapid and irregular pulse, with a feeble sound of the heart and threatened syncope or delirium. In treating cases of the above mentioned diseases alcohol is beneficial, when by its use the tongue is moistened, the pulse and respiration are slowed, the restlessness and delirium quieted, and the skin becomes less parched.

While the recorded facts which support these observations are incontestable, being, in fact, matters of daily occurrence, the reason why alcohol exercises these beneficent effects has not been as clearly explained as the importance of the subject deserves.

It is now admitted that alcohol, by being consumed in the body, delays the waste of the patient's fat and albumin, and is *pro tanto* a food. In this respect it renders important alimentary services in all wasting febrile diseases in which proper food cannot be taken, quite apart from any considerations as to its stimulating effects.

In *La Presse Medicale*. Feb. 4, 1903, Dr. Martinet essays to give a formula which may serve as a guide for the use of alcohol in febrile cases, and what is more important, the *rationale* of its operation. Alimentation during fever being insufficient to supply the 2,500 calories (heat units) required for the existence of an individual of medium weight, the latter is obliged to live on his capital, *i.e.*, his own tissues: his fat and albuminoids combine and are consumed, while his energy and vital force decrease.

Now, a gram of alcohol yields 7 calories or units of heat, and its combustion in the patient's body is all the quicker and more complete, the higher his fever. Thus, if from 40 to 60 grams of alcohol are given to a patient with pneumonia, scarcely a trace of alcohol appears in his urine, nor can the slightest odor of it be perceived in his breath if after taking the alcohol he washes his mouth and swallows a little pure milk. Bunge also states: "Alcohol is burned for the most part in the body, only a small part of it is eliminated as alcohol through the kidneys and the lungs. Without any doubt, therefore, alcohol is a living force in the body." Martinet asserts that a certain calculated amount of alcohol should be administered to the febrile patient by alimentation in order to forestall the necessary waste of his tissues, and he gives the following formula:

Tr. cinnamon	5	grams	℥ i. gr. xvii.
Old rum,			
Simple syrup āā	100	"	℥ xxv. gr. xliij.
Linden water	40	"	℥ x. gr. xvii.
	245	grams	℥ vii. ℥ vii.

A tablespoonful every two hours.

The tablespoon should hold a little over 5 drachms, so that the mixture would be finished in twenty-four hours.

As rum contains about 60 per cent. of absolute alcohol, the 100 grams of rum prescribed represent 60 grams of absolute alcohol, corresponding to 420 calories (60x7); the 60 grams of sugar furnish (60x4) 240; so that a mixture like the foregoing represents 660 calories. Martinet goes on to say that the calorifacient power of his mixture is equal to that produced by a litre of milk, but is practically superior to the latter because its combustion is certainly more complete and its absorption by the body calls for less vital effort. Its calorifacient power is meant, not its nutritive power, which is quite another thing.

It certainly would be satisfactory to the practitioner, and should be in the best interests of the patient and his family, if alcohol, accurately measured according to the requirements of the individual, were administered as carefully as any other medicine.

Perhaps a patient may wish to impose his views for or against alcohol on his physician, or the latter may allow his convictions, which may be opposed to the beverage use of alcohol, to sway his judgment in treating a patient, to the injury of the latter.

Both of these difficulties would disappear if alcohol, when required in the treatment of a patient, were dispensed like any other drug. J. J. C.

BARBER-SURGEONS AND SURGEON-BARBERS.

As anything relating to the history of surgery is interesting to the surgeons of to-day, we have great pleasure in placing before our readers some historical references to surgeons and surgical practice taken from the archives of the ancient hospital of Tonnerre, at Lyons, in France. We are indebted for this particular information to an article by Dr. Chaput, published in *La Presse Medicale,* Feb. 7, 1903.

It appears that the division of surgeons into two classes, surgeon-barbers and barber-surgeons, was made at Paris in A.D. 1268. The surgeon-barbers were educated men, real surgeons. They were also called barber-clerks, surgeons of the long robe, or surgeons of St. Cosmas. The barber-surgeons were designated as lay surgeons, or surgeons of the short robe. They were barbers who practised bleeding and minor surgery; they also practised medicine and did all kinds of surgical work in a clandestine manner.

Apart from these two classes of surgeons, there were also travelling surgeons, called operators or cutters, who performed lithotomy, operated for the cure of hernia, and treated diseases of the eyes. The number of surgeon-barbers must have been small, as they are rarely mentioned from the thirteenth to the fifteenth century; some men of this class were usually to be found in large cities.

In the annals of the hospital of Tonnerre, after A.D. 1578, the appellation surgeon-barber was replaced by that of surgeon, applied first to an individual named Edmund Geraudin. The statutes of the surgeons of Tonnerre, published September 15, 1572, at the instigation of Didier Caspin and Berthin Lombart, both surgeons of that hospital, are interesting, as they show the real social and professional status of the barber-surgeon during the sixteenth century in Lyons, one of the most cultivated cities of France.

ORDINANCES FOR THE SURGEONS OF TONNERRE.

"Whosoever shall be received as a master-surgeon shall pay 30 sous, instead of 5 livres.*

—"Whosoever wishes to open a shop or working-room must be approved of by the master-surgeons, sworn for that purpose, and before his reception he shall give an exhibition of his skill—

—"which shall be made with two steel lancets suitable for bleeding, with which lancets he shall bleed a patient in the presence of the jury;

—"he shall also give proof of his ability to dress the wound or the ulcer of a patient, who will be brought before him.

—"Whosoever wishes to move his shop shall pay 5 livres, which shall be employed in the purchase of lights for the service at the festival of SS. Cosmas and Damien.

—"All the master-surgeons shall be summoned to meet as a legally constituted board every year to elect from their body two members, who shall be master-visitors and who shall be obliged to make known to justice any infractions of the present ordinances.

—"The aforesaid barbers shall not be allowed to work at the aforesaid barber's trade on holidays of Easter, and twelve other designated days, or on the eves of the festivals of the Apostles, which are preceded by a vigil, either in shop or working-room, nor shall they make any public show of basins or kerchiefs on the said days under penalty of a fine of 5 sous.

*The sol or sou was worth the 1-20 part of a franc or one half-penny. The French livre was worth 1 franc or 20 sous. The livre (Tournois) was worth 24 cents.

—"The said barbers and surgeons and their assistants will not be permitted to give medicaments, and to dress the sores of any kind of lepers, unless by order of a magistrate, under a penalty of privation of right to practise the trade for one year and the payment of a fine of 10 sous for the first offence and at the discretion of the magistrate for subsequent offences.

—"The same rule applies to patients who have the plague. If convicted, the barbers cannot practise until two months after the cessation of the plague, or by permission of the board of aldermen.

—"They shall not secretly harbour in their houses lewd or disorderly persons of either sex, a brothel-keeper or procuress, under a penalty of the privation of the right to practise during one year, or a penalty of an arbitrary fine or other penalty fixed by the magistrate.

—"In case they may have attended a wounded person, who should come under the cognizance of justice, they should give information twenty-four hours afterwards.

—"A master-surgeon cannot have two assistants at the same time, unless during the last year's service of the first assistant; neither shall masters entice away assistants from each other, under a penalty of 100 sous; and the assistant who shall have been seduced from the service of his proper master shall return to him.

—"The price of a bleeding or the dressing of wound is 5 sous (Tournois), and if stitches are required, 7½ sous.

—"If a barber take an apprentice, the said apprentice shall pay 10 sous (Tournois) as entry money, and if an assistant who has begun the work, 5 sous, the said sums to be employed for the divine service and for lights for SS. Cosmas and Damien.

—"The said barbers and surgeons will not be allowed to keep the blood from a bleeding in the window for over an hour, nor to throw into the street plasters, bandages, hair of the head or beard, under a penalty of 10 sous fine.

—"If anyone should come to Tonnerre to incise, cut for stone or operate for rupture he must not operate unless in the presence of two masters, sworn to prevent abuses, and to secure the dues of said masters, that is to say, 13 blanks and the kerchiefs.

—"Neither men nor women who shall not have sworn to observe the conditions of the said trade shall be allowed to give medicaments under the penalty of an arbitrary fine."

Two assistant surgeons of to-day would probably not feel interested in an equal division of a fee of 13 blanks, equivalent to about 52 cents apiece. (A French blank was worth about 4 pence.) Neither would a surgeon care to dress a wound for 5 cents or put in sutures for 7½ cents. Such fees are lower than

the price now paid for a shave. It ought to be consoling to the surgeon of to-day to know that his end of the business has appreciated enormously, although the barber's end remains about the same. The anomaly of it all is that three centuries ago a good deal of the minor surgery of the day was done in barber shops, where men's hair and beards were trimmed. J. J. C.

TORONTO MEDICAL LIBRARY.

On March 10th a meeting of the profession interested in the Toronto Medical Library was held in the Biological Building of Toronto University. The meeting was well attended and considerable business transacted. The chair was occupied by Dr. J. F. W. Ross, President of the Board, and with him on the platform were Dr. H. J. Hamilton, Secretary; Dean R. A. Reeve, Dr. N. A. Powell, Dr. Herbert Bruce, and Dr. Mitchell, President of the Ontario Medical Association. Dr. Ross gave a history of the library from its inception, and pointed out how the interest at first taken in it had gradually waned till at present there was a deficit of over $200. Dr. Ross impressed upon his hearers what a pity it would be to allow the library to sink into obscurity, and showed how useful it could be made if members of the profession would only take advantage of the facilities afforded them by being able to consult over 6,000 volumes at any time, apart from the fact that, by special arrangement, a member of the Library can send for any book in the Surgeon General's Library, Washington, D.C., by simply paying the actual express charges to and from Toronto. At the meeting several members expressed their willingness to subscribe in order to reduce the deficit on the Library, and nearly all of the two hundred dollars was raised that night. After opinions were fully expressed, it was decided by the meeting to recommend the Library Board to raise the annual fee to $5.00, it being shown that, if even 150 of the city physicians would become regular paying members the Library could get along and keep out of debt. This will be brought up by the Board at its annual meeting in June next, and probably acted upon. The arrangement proposed as to moving the Library to some more central location has been, for the present, left in abeyance. The subject of the formation of an Academy of Medicine, where all of the

medical societies could hold their regular meetings, and where the Medical Library could find accommodation, was only touched upon, the necessary funds for such a project not being forthcoming. The question, also, of the Pan-American Medical Congress being invited to hold their 1903 meeting in Toronto, was discussed; but it was decided that it would not be wise to take any steps towards that object, the time for arrangements being now much too limited.

W. A. Y.

EDITORIAL NOTES.

The Bothriocephalus and Pernicious Anemia.—It appears from a thesis recently published at Paris, by Nathalie Federoff, that a considerable number of Russian physicians, particularly Schanman, Natanson, and Dehio, have definitely established an etiological relation between pernicious anemia and the bothriocephalus. The patients, who give sustenance to this parasite, are extremely pale and feeble and some of them have retinal hemorrhages. Digestive disorders are strongly marked; hydrochloric acid almost entirely disappears from the gastric juice. According to Schanman the number of red blood cells varies from 395,000 to 2,150,000; the average is 1,300,000. The quantity of hemoglobin is reduced between 10 and 53 per cent.; the average fall is 24 per cent. The globular value of the blood cells oscillates between 0.90 and 1.62; the average is slightly better than the normal. Dehio has found the globubar diameters of the red cells vary between $7\mu 57$ and $8\mu 39$; the average diameter was a little over the normal. The number of microcytes and macrocytes increases at the expense of those of average size; some of the red blood cells are polychromatophilic; all of them are deformed. He always found normoblasts and megaloblasts in a variable proportion, some of them were in karyokinesis. The number of white blood cells varied, but was more frequently lessened than increased. The blood-platelets were scarcer than in the normal condition. To summarize: The clinical characteristics of the disease and the examination of the blood justify the view that the bothriocephalus is one of the causes of pernicious anemia. Bothriocephalic anemia is particularly common in Finland and the different countries whose shores are washed by the Baltic Sea (Russia and Sweden); and this

helminth is also found in Roumania, French Switzerland and in the United States. According to Shapiro, bothriocephalic anemia is caused by a toxic action exercised by the parasite. Shapiro and Uiltshur think that the bothriocephalus parasite must be sick or dead, in order to be able to give birth to the toxic substance, the reabsorption of which provokes the special anemia. This view explains the reason why many persons who have the bothriocephalus in their intestines do not become anemic. There may be also different kinds of bothriocephali. For instance, this form of anemia is rare in Switzerland, where 10 per cent. of the inhabitants suffer from the bothriocephalus, while it is frequent and grave in its consequences in Finland. Plaiev, who injected rabbits with extracts made from the bothriocephalus, did not produce anemia in the animals experimented on. Schanman and Talyviot, however, obtained positive results in dogs, but negative results in rabbits.

Gangrene and Uterine Abscess—At the meeting of the Obstetrical Society of Paris, January 15, 1903, Dr. Tessier presented four uteri, collected at autopsies made on women who had died from puerperal infections. A remarkable fact observable in all these uteri was the small amount of macroscopic lesion, although death in each case had been caused by severe infection terminating in one of the cases on the seventh day. It would seem, therefore, that cases of gangrene and uterine abscess, many cases of which have been published, are rare, and that many women die from a generalized puerperal infection, which leaves no trace in the uterus or the peritoneum. In discussing this question Dr. Budin remarked that abscess of the uterus was rare, although no person could say from a simple macroscopic examination that pus was not present in uterine tissue. To settle that question histological examination would be necessary. The reason why the infected uterus nowadays is different in its macroscopic appearance from the uterus as it used to be is that it is almost always treated directly by uterine injections, swabbing, curettement, etc., so that if the patient dies her death results from a general septicemia of the organism, which started from the uterus, that organ itself being almost quite restored to a normal condition. Dr. Jeannin stated in further elucidation of the subject, that in three cases of hysterectomy, done for infection, he

had demonstrated in the fresh uterus the presence of microbes in the uterine walls and the peritoneum, although histological examinations had revealed nothing of an abnormal nature.

Treatment of Hematoma.—According to Dr. Cammescasse if a child falls and raises a lump on its skin the simplest way to ease the pain, drive away the lump, and prevent the many-colored ecchymosis, which usually follows, is to rub oil into the injured part. A comestible oil is recommended, but it need not be olive oil. He thinks it is quite useless and needlessly painful to the patient to massage the affected parts; the gentlest rubbing suffices. The oil should be applied as soon as possible after the accident, but, even though several hours should have elapsed, a practitioner should not despair of obtaining a complete success. A diffuse hematoma may be thus reduced as well as a collective one, but in the former case the reduction is partial rather than complete.

Nasal Diphtheria.—Dr. R. Glotard, whose thesis on this important subject appeared recently at Paris, repeats the observation, made long ago by Bretonnèau, that nasal diphtheria is one of the most frequent manifestations of this infectious disease, a manifestation which is frequently allowed to pass unnoticed. According to Dr. Glotard diphtheria must always be suspected when a false membrane is discovered in the nose. The difficulty of diagnosis depends on the extreme insidiousness of this disease. On account of its frequency and hidden character the practitioner should accustom himself, when treating coryza in a child, to suspect diphtheria, just as he is already accustomed to suspect it in a case of sore throat.

Malformation of the Heart in a New-Born Infant.—Drs. Cheron and Jeannin reported at a meeting of the Obstetrical Society of Paris that they have made the autopsy of an infant, which at birth appeared to be normal, but which died in four days. They found a very intense congestion of the liver. The heart was large, weighing 35 grammes (1.24 oz.), and presented a well developed right ventricle, while the left ventricle was only indicated by a few strands of tissue. The infant was evidently non-viable and died of typical blue disease (cyanosis).

Novel Method of Treating Atrophic Cirrhosis.—At the same meeting Dr. M. L. Gaillard reported a case of a man 54 years of

age, who had an atrophic cirrhosis of the liver. Several different forms of treatment had been tried in vain. Opotherapy was finally resorted to in the form of 150 grammes of pig's liver as a daily dose. Shortly afterwards the patient's urine became clear and abundant, the different symptoms gradually disappeared and at present, two years afterwards, he may be considered well. The reports showed that the physician had to deal with a genuine case of cirrhosis, and not with a tubercular peritonitis, or a heart trouble. J. J. C.

Treatment of Syphilitic Gummata by Local Injections of Iodide of Potassium.—At the meeting of the Society of the Hospitals, Paris, January 23, 1903, Drs. Labadie, Lagrave, and Rollin reported that they had treated successfully syphilitic gummata by injecting *in situ* 2 cc. of a 3 per cent. solution of iodide of potassium. This treatment caused the gumma to disappear after the seventh injection. The injections are painful.

Hemorrhoidal Strangulation Cured by Adrenalin.—At the same meeting Dr. Mosse reported that in treating a case of strangulation of hemorrhoids he had applied adrenalin to the piles with immediate relief of the pain. He also made some appropriate remarks as to the physiological action of adrenalin.

PERSONALS.

Dr. R. A. Reeve intends building on the corner of Bloor and Gwynne Streets.

Dr. A. N. Hayes, of Sarnia, has been appointed Associate Coroner for the County of Lambton.

Dr. D. C. Meyers has been promoted to be Major in the Royal Grenadiers. "Major, we salute you."

Dr. D. Gibb Wishart, of Grosvenor Street, has entirely recovered from his attack of septicemia.

Dr. J. Silverthorne has purchased No. 236 College Street and intends moving there almost at once.

Dr. Fred Fenton has purchased the east corner of Church and Bloor Streets, and will erect a residence there.

Dr. W. D. McPherson, of Bathurst Street has built a very handsome residence on the same street, north of College.

Dr. R. B. Nevitt, of Bloor Street West, left on the 9th ult. for the South. The doctor returned a day or two ago.

Dr. C. McKenna, of Spadina Avenue, has purchased No. 266 College Street, next door to Broadway Tabernacle, and will move in very soon.

Dr. W. A. Young will leave on the 31st inst. to attend the meeting of the American Medical Association at New Orleans, La., which opens on May 5th.

Dr. Jas. G. Caven will move before long to Bloor Street East, near Church Street, where he has started to build. Dr. Will P. Caven also thinks of moving north to Bloor Street East.

Dr. Gilbert Gordon is at present enjoying the balmy air of old Point Comfort, Va., and his friends hope that he will soon fully recover from his recent illness.

Dr. D. King Smith is no longer Surgeon-Lieutenant of The Kilties, but Surgeon-Major. Dr. W. J. Stewart, who up till recently held the latter commission, has been placed on the reserve list of officers.

Dr. Colin Campbell, formerly house surgeon in the General Hospital here, and later on the R.M.S. "Empress of India," has recently been honored by appointment as house surgeon of the Royal London Ophthalmic Hospital, City Road, E.C., the oldest and most famous eye hospital in the world.

Dr. Lapthorn Smith, of Montreal, intends to leave New York by the White Star steamer Cedric on the 25th March for a few weeks' visit to Europe, including a week at Madrid on the 23rd April for the International Congress, before which he has been invited to read a gynecological paper. He expects to return by the Tunisian on the 14th May.

Drs. Parry and Dumville, of Ontario, and Dr. Donaldson, of McGill, who went out to South Africa with the Canadian Army Medical Corps, tried at the conclusion of the war to practise in the Transvaal colony. They were prohibited from doing so, because only English diplomas were legal there. They appealed to Lord Milner, but he refused to alter the regulation on the subject.

A GLIMPSE OR TWO OF "HOMEWOOD RETREAT," GUELPH.

Dr. Gilbert Gordon, of Spadina Avenue, has been seriously ill, suffering from tubercular peritonitis. After being operated on a few weeks previous, he was removed on the 2nd ult. to Old Point Comfort, Va.; but, not gaining strength there, his brother, Dr. A. R. Gordon took him to Baltimore, Md., on March 11th, where he could have the professional services of such men as Drs. Cullen, Osler, and Howard Kelly. At last reports the doctor was rather better, but the prognosis, we are sorry to say, is very poor.

Mr. Brefney Rolph O'Reilly attained his majority on Tuesday, March 3rd, when Dr. and Mrs. Charles O'Reilly had a few old and intimate friends at dinner in honor of the occasion. Mr. O'Reilly is now completing his last session in medicine at Trinity College, and will soon be able to sign the M.D.C.M. to his name, when he is received into our noble profession which so many of his ancestors have adorned in the present and former generations in both his father's and his mother's families, the O'Reillys and Rolphs being well known names both in the medical profession and history of Canada.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

MEDICAL MANIFESTOES.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR SIR,—Three times during the last half century medical manifestoes have been issued giving the opinion of physicians on alcohol. The first was issued in 1839, and was signed by 86 persons; the second in 1847, and was signed by 2,000 physicians, and the third appeared in 1871, with the signatures of over 4,000 physicians, including the names of many leading physicians in all parts of the world. A fourth declaration of opinions is now being circulated for signatures, and reads as follows:

The following statement has been agreed upon by the Council of the British Medical Temperance Association, the American Medical Temperance Association, the Society of Medical Abstainers in Germany, and leading physicians in England and on the continent. The purpose of this is to have a general agreement of opinions of all prominent physicians in civilized countries concerning the dangers from alcohol, and in this way give support to the efforts made to check and prevent the evils from this source.

In view of the terrible evils which have resulted from the consumption of alcohol, evils which in many parts of the world are rapidly increasing, we, members of the medical profession, feel it to be our duty, as being in some sense the guardians of the public health, to speak plainly of the nature of alcohol, and of the injury to the individual and the danger to the community which arise from the prevalent use of intoxicating liquors as beverages.

We think it ought to be known by all that:

1. Experiments have demonstrated that even a small quantity of alcoholic liquor, either immediately or after a short time, prevents perfect mental action, and interferes with the function of the cells and tissues of the body, impairing self control by producing progressive paralysis of the judgment and of the will, and having other markedly injurious effects. Hence alcohol must be regarded as a poison, and ought not to be classed among foods.

2. Observation establishes the fact that a moderate use of alcoholic liquors, continued over a number of years, produces a

gradual deterioration of the tissues of the body, and hastens the changes which old age brings, thus increasing the average liability to disease (especially to infectious disease), and shortening the duration of life.

3. Total abstainers, other conditions being similar, can perform more work, possess greater powers of endurance, have on the average less sickness, and recover more quickly than non-abstainers, especially from infectious diseases, while they altogether escape diseases specially caused by alcohol.

4. All the bodily functions of a man, as of every other animal, are best performed in the absence of alcohol, and any supposed experience to the contrary is founded on delusion, a result of the action of alcohol on the nerve centres.

5. Further, alcohol tends to produce in the offspring of drinkers an unstable nervous system, lowering them mentally, morally, and physically. Thus deterioration of the race threatens us, and this is likely to be greatly accelerated by the alarming increase of drinking among women, who have hitherto been little addicted to this vice. Since the mothers of the coming generation are thus involved the importance and danger of this increase cannot be exaggerated.

Seeing, then, that the common use of alcoholic beverages is always and everywhere followed, sooner or later, by moral, physical and social results of a most serious and threatening character, and that it is the cause, direct or indirect, of a very large proportion of the poverty, suffering, vice, crime, lunacy, disease, and death, not only in the case of those who take such beverages, but in the case of others who are unavoidably associated with them, we feel warranted, nay, compelled, to urge the general adoption of total abstinence from all intoxicating liquors as beverages as the surest, simplest, and quickest method of removing the evils which necessarily result from their use. Such a course is not only universally safe, but is also natural.

We believe that such an era of health, happiness, and prosperity would be inaugurated thereby that many of the social problems of the present age would be solved.

This declaration has already received the signatures of over 1,000 physicians in all parts of the country. I have been appointed chairman to present this manifesto to American physicians for their endorsement. I should be very glad to receive the name, title, and address of any physician who is willing to aid by his signature to correct public sentiment and assist in the prevention of one of the great evils of the age. This is purely a scientific effort for the purpose of having a general consensus of opinion of the leading physicians of the world, and it is assumed

that American physicians are equally enthusiastic and prompt to lend their signatures to this statement as in the wine-drinking countries of Europe. A postal card with address and title is earnestly solicited from every medical man who would like to be represented in this great movement for a clearer comprehension of the subject. Address

T. D. Crothers, M.D., Hartford, Conn.

Toronto's Unsanitary Laundries and Lodging Houses.— The Medical Health Officer, in his usual vigorous style, has gone after the unsanitary laundries and lodging houses of the city. The Local Board of Health and the City Council should always uphold him in his crusade for cleanliness. Dr. Sheard finds that in 88 of the 142 Chinese laundries the employes sleep in the working room. This cannot be tolerated. The most rigid regulations should be passed and enforced prohibiting this. Toronto is not going to keep out the Chinese with shotguns, neither is it going to become a Canadian San Francisco. A careful enforcement of the requirements of sanitation is a much better way of encouraging good laundry work on the part of white laundrymen than an excessive laundry fee would be. It was proposed to "drive out the Chinamen" by means of a license fee of $50. That fee, which would have oppressed white and Chinese laundrymen alike, was wisely rejected by the Council and a graded fee was substituted. The civic authorities should aim to drive out the unsanitary Chinamen by means of rigid sanitary laws; but it is foolishness to try to drive out, in addition, both the clean Chinaman and his white competitor by means of excessive laundry license charges. Dr. Sheard's protest against the unsanitary lodging house is as timely as his protest against the unsanitary laundry. Toronto's poor have not yet sunk to the misery and squalor of the poor of the old world cities, or of Chicago or New York, nor is there any need that they should. There are some dainty fingered persons who shrink from interfering with existing conditions on the pretext that any attempt at regulation means an increase in the cost of living, and the very poor "have got to live somehow." It is a very weak excuse for doing nothing, this argument. It is true that a law abolishing all cheap lodging houses would make many poor men homeless. But what is wanted is not the abolition of cheap lodging houses, but their improvement on sanitary grounds, and the margin of profit in the cheapest is quite large enough to bear the small additional expense of cleanliness. Dr. Sheard should be given every support in his fight for a clean city.

Items of Interest.

Photmos Panas, one of the most celebrated oculists in France died on January 6, 1903. Panas was a Greek who drifted to Paris and there asquired a world-wide reputation.

Proposed Infirmary for Victoria, B. C.—A meeting was held recently in Victoria by those interested in establishing an infirmary in that city, in connection with the isolation hospital.

The History of Medicine.—A large society has been formed in Holland for the study of medical history. The foundation of this society was due to the initiative of Dr. Peypers, the editor of *Janus.*

Women Medics in England.—Medicine as a profession for women is constantly growing in popularity in London. Women now holding medical degrees in Great Britain number more than five hundred.

Druggists Arrested.—According to the chemist of the New York Health Department, 40 out of 215 druggists were found to be selling Jamaica ginger and aromatic spirits of ammonia adulterated with wood alcohol. Some of these druggists have been arrested in consequence.

Hospitals Under Financial Stress.—The serious financial situation that confronts the New York hospitals has led George MacCulloch Miller, president of the Saturday and Sunday Associations, to make an urgent appeal for generous gifts in behalf of the 40 institutions in the association.

University Day.—On the occasion of "University Day" celebration, February 21, by the University of Pennsylvania, Dr. S. Weir Mitchell delivered an address on "George Washington in His Letters." Brigadier-General Leonard Wood, M.D., U.S. Army, was one of five to receive the honorary degree of doctor of laws.

The Aronson Serum Tried.—The first trial in New York city of the new serum for scarlet fever has been made by Dr. Louis Fischer. The serum used was that discovered by Dr. Hans Aronson, of Berlin, and with which experiments have been made by Dr. Adolf Baginsky since last summer. Dr. Fischer reports that although his case of scarlet fever was severe a prompt amelioration of all the signs and symptoms followed the use of the serum.

Polk's Medical Register.—The eighth revised edition of this well-known work is now under way, and will appear in due time. Send for descriptive circulars, and do not be deceived by imitators. Polk's Medical Register and Directory has been established sixteen years. R. L. Polk & Co., Publishers, Detroit, Mich.

Demand Registration of Nurses.—Several hundred physicians and citizens of Buffalo and Rochester have signed a petition favoring the bill demanding registration of trained nurses to be introduced at Albany. The bill is designed to shut out incompetent nurses and provides for extended training before registration.

Disregard of Diphtheria Antitoxin.—D. J. H. Raymond of the New York Health Department complains of the unnecessarily high death-rate from diphtheria in the Borough of Brooklyn, *i.e.*, 18 per cent., and maintains that if diphtheria antitoxin were more promptly and generally employed, this death rate would not be over 7 per cent.

To Render Immediate Aid.—The New York Central Railroad has perfected a hospital and medical system. Contracts have been made with hospitals and physicians in all cities and towns of any prominence along the line of the road. The new system has been adopted so that immediate medical service may be rendered in case of train wrecks or other accidents to employes or passengers.

Dinner to Dr. Jas. H. Richardson.—Judging from the large number of his pupils who have expressed a desire to attend the dinner being tendered this month to our dear old teacher, Dr. Jas. H. Richardson, he may rest assured that he is beloved and respected by the entire profession. We will have more to say in our next issue, as we hope, not only to report the dinner in full, but also to reproduce in half-tone a copy of the oil-painting to be unveiled that evening.

A Deserved Honor.—Dr. Simon Flexner, professor of pathology at the University of Pennsylvania, has been chosen as chief of staff of the Rockefeller Institute for Medical Research, to be located in New York. Dr. Flexner gained especial distinction by his work on "The Etiology of Dysentery" and "Snake Venoms." He was a member of the commission sent to the Philippines by the Johns Hopkins University to study diseases peculiar to those islands.

University Day.—University Day exercises were celebrated by the medical department of the University of Buffalo, February 23. The public exercises took place at the Star Theatre, where Prof. Herbert L. Willett, of the University of Chicago, delivered the address. In the afternoon a reception was given to the senior and junior students and the faculty at the home of the dean of the

medical department, Dr. Matthew D. Mann. In the evening a reception was tendered at the college building by the Alumni Association.

McGill Graduates in British Columbia.—At the annual meeting of the British Columbia graduates of McGill University, held February 14, Dr. D. H. Harrison, the oldest graduate in that province (1864), was elected to the presidency. It was decided to continue the $50 prize to the best B. C. matriculant each year to McGill, and $25 to the second best. Dr. McGregor, Vancouver, founder of the society, was re-elected secretary; Dr. Tunstall, Vancouver, treasurer, and Dr. G. H. Manchester, New Westminster, one of the vice-presidents.

City Not Ready for an Abattoir.—"We are not in shape for a public abattoir, and won't be for ten years yet," was a remark passed by Dr. Sheard, Medical Health Officer, at one of the meetings of the Board of Control last month, during the discussion of the Board of Health's report asking for legislation to enable the city to close all slaughter houses and the establishment of inspecting stations for beef slaughtered outside the municipality, in case the city wants a public abattoir. "We have to consider the question of extending the cattle market or removing it in connection with this abattoir," continued Dr. Sheard. Assessment Commissioner Fleming agreed with Dr. Sheard. "It will cost us some money to close up private slaughter houses," remarked Mr. Fleming. "Wherever the cattle market goes the abattoir will have to go." The report was sent on.

University of Toronto Medical Faculty At Home.—One of the jolliest society functions of university life was the first At Home given by the students in medicine of the University of Toronto to the faculty and their friends one evening last month at the Normal School. An enjoyable programme began at 9 o'clock, such well-known artists as Mr. Arthur Blight, Miss Scholfield and Miss Eleanor Kennedy assisting the students, while the faculty were represented in Dr. C. J. Wagner, who gave a violin solo, and Dr. Primrose, who gave a talk on Palmistry. Dr. Primrose closed a very amusing and interesting lecture by foretelling the future of an ape from a photograph of his hand. "The foot would do equally well," suggested the doctor. After the programme the faculty, students and their many friends enjoyed the promenades until an early hour.

A Minister of Public Health.—Dr. T. G. Roddick, M.P., Dr. Lachapelle, of the Quebec Board of Health, and Dr. R. W. Powell, of Ottawa, on behalf of the Canadian Medical Association, presented to Sir Wilfrid Laurier March 5th the resolutions adopted by the Canadian Medical Association at its meeting last fall,

urging the establishment of a federal department of public health. They argued that if the medical services of the various departments were gathered together under one head they would be much more efficiently discharged than they are to-day. They would like to see a Minister, a deputy Minister, and a staff at Ottawa to look after all matters affecting the health of the country and to take charge of vital statistics. At present Mr. Fisher, under whose department public health comes, is away in Japan, but the Premier promised that the matter would be well looked into when the Minister of Agriculture returns.

Rupert vs. Sisley.—In the action by Rachel Rupert and Lucinda McQuaine against Euston Sisley, a physician practising in the village of Maple, who owns lands adjoining the land of the plaintiffs in that village, to recover damages for injury to the plaintiff's property by the construction of ponds and dams for fish on his premises, which ponds, the plaintiffs allege, form a nuisance, and for an injunction, it was held as to the claim for damages in regard to the alleged noxious smells from the ponds, and the noises said to be caused by bullfrogs, that defendant is not liable, the grievance not being, on the evidence, well founded. As to the claim for dampness in plaintiff's cellar, alleged to be caused by the percolation of water from defendant's ponds, it is also not well founded, the dampness being attributable to the character of the soil. As to the sinking of a floor in plaintiff's house, it was not caused by dampness arising from the ponds, but was attributable to the decay of the supports. All the other claims fail also. The action was dismissed with costs.

Canadian Medical Association.—The thirty-sixth annual meeting of the Canadian Medical Association will be held in the City of London, Ont., on the 25th, 26th, 27th, and possibly the 28th of August, under the Presidency of Dr. Walter H. Moorhouse, of that city. Dr. Matthew D. Mann, of Buffalo, has been asked to deliver the address in Gynecology; Dr. Alexander Hugh Ferguson, of Chicago, the address in Surgery; Dr. Stewart, of Montreal, the address in Medicine. Recently the President appointed Dr. R. W. Powell, Dr. T. G. Roddick, M.P., and Dr. E. P. Lachapelle, a special committee in regard to the establishment of a proposed Dominion Health Bureau. This committee, as will be seen on another page of this issue, recently waited on Sir Wilfrid Laurier at Ottawa with the result that the Premier has promised the proposal consideration. Dr. Moorhouse has also delegated Dr. C. F. Martin, Montreal, to the International Medical Congress at Madrid. Already arrangements are well in hand for a splendid meeting at London. Further announcements will appear in the Canadian medical press from month to month.

Would Limit the Length of Skirts.—The Board of Control last month passed the Board of Health's recommendation that legislation be asked for permitting the City Council to pass a by-law to prevent expectoration on the sidewalks, but recommended that it be extended to include public buildings, wharves, and other public places. During the discussion a controller who did not possess the necessary backbone to stand behind what he says advocated a by-law compelling women to wear short skirts in the street, and then requested the newspapers not to mention what he said. "Why, I saw one woman yesterday with a skirt which swept the street a quarter of a yard behind her," he remarked. Mayor Urquhart remarked that in the middle ages in England the King had power to limit the length of the trains on ladies' skirts. Dr. Sheard said that since the "don't spit" signs were put up in street cars a remarkable change in the conditions of cars had taken place. "If we put up these signs in the streets we will have our streets in a much more sanitary condition," said Dr. Sheard. "Buffalo and other American cities have these signs, and a penalty of $500 for non-compliance, and their streets are cleanly." "I think the community is hardly ripe for a by-law like this just yet," remarked the Medical Health Officer. "If we took a man before the Police Magistrate on such a charge I am inclined to fancy that the magistrate would laugh at us."

Toronto Junction Board of Health.—The Board of Health met at the Town Hall on the 3rd ult., with four members present: Chairman W. J. Irwin, C. F. Wright, W. P. Hartney, and Mayor Armstrong. The Medical Health Officer was instructed to procure a tent, with all necessary equipment, to make it sufficiently comfortable for the purpose of an isolation hospital in the smallpox cases. It was also decided, that a circular notice embodying extracts from the Provincial Board of Health's revised rules for checking the spread of contagious and infectious diseases, be prepared by the Medical Health Officer, and afterwards submitted to the Board for approval. It is to be printed and distributed among the citizens of the town. The Medical Health Officer reported that scarlet fever was spreading and that it was worse in Ward Three than anywhere else in town. To prevent the continued spread of the disease the following resolution was moved by Mr. C. F. Wright, seconded by Mr. J. R. Chisholm: "That whereas several deaths from scarlet fever have occurred in this municipality during January and February, 1903, and whereas the Medical Health Officer reports to this Board that there are at present a number of cases of scarlet fever of a malignant type now in town. Be it therefore resolved that the Medical Health Officer be, and is hereby instructed to close the Western Avenue and Annette Street schools for such period as he deems

best for the purpose of preventing the spread of this disease." Western Avenue school, in Ward Three, has recently been surrounded by scarlet fever cases.

Senile Poor in Asylums.—The question of the insane in the county jails was again presented before the Government on March 11th, the deputation being from the City Council. Mayor Urquhart headed the party, which included Ald. Burns, Noble, Sheppard, Oliver, Richardson and Harrison; Dr. Sheard, Medical Health Officer; Dr. Richardson, jail physician, and City Solicitor Caswell. The Mayor said he was glad to see a reference in the speech from the throne to the subject of the care of the insane. Dr. Sheard said the number of insane in the Toronto jail was 32 a year ago, and 31 to-day. Of the 32, Dr. Sheard said, in reply to Mr. Stratton, 12 were moved to the asylum, 6 died, and 3 were discharged, while 66 were committed during the year. Mr. Stratton pointed out that transfers were made to the asylums as frequently as possible, keeping in mind the condition of the patient. The asylums were for those who could be improved. It never was the intention to keep those in the asylum who could be cared for in a House of Refuge. Dr. Chamberlain, Inspector of Prisons and Asylums, declared that 9 out of 10 of the people referred to in the Toronto jail were not insane, and no committee of experts of insanity had pronounced them insane. They were simply old people and perfectly harmless. Premier Ross asked whether a House of Refuge would be a remedy? Dr. Chamberlain said that such an institution was, and spoke as follows: "We think the Government has no duty to provide for the people's poor. Forty per cent. of the people in the asylums of Ontario were never insane. It is a disgrace to the municipalities who send their poor to the asylums. A doctor in Simcoe admitted to me that three persons confined in the jail as lunatics were not insane, but had been committed because their people could do nothing with them. The doctor said he would lose his position if he did not commit them." Dr. Chamberlain and Ald. Sheppard both expressed the view that the restrictions should be increased so that persons not insane should not be sent to the asylums. Premier Ross replied that in view of the legislation under consideration the information given would be useful. It was quite clear that the municipalities were inclined to send their senile dements to the asylums. Dr. Chamberlain in a final shot reminded the Mayor that there was no fire protection for the female inmates at the Toronto jail, and if a fire occurred not one could escape.

Would Not Kiss the Skull.—The students of Trinity University have had a taste of the authority of college law during the past month which has not proved precisely to their liking. The upshot of the matter is that for his wrongdoings one of the third

year men is now under penalty of a fine of $20, and his fellow-students have undertaken to bear the burden for him. About a month ago now an annual undergraduate function took place in the form of a banquet, to which a few graduates also were invited, to lend dignity. An unwritten law prescribed that freshmen should not attend until the seniors had disposed of the first course. A few freshmen refused to swallow their dignity and took their seats at the table when the feast was commenced. The seniors held a solemn conclave after the banquet and decided to visit the sins of the precocious freshmen upon their fellows. The penalty provided was that each should kiss a human skull and then permit himself to be stowed with the others in a heap upon the floor in a corner of the room. Some complied, but rebellion broke out, and several jumped from the window to the ground below, a drop of fifteen feet. One unlucky freshie wrenched his shoulder, and the occurrence soon reached the ears of the authorities. From time to time during the week faculty meetings were held and the students were summoned to give their versions of the event, and on the following Friday night the students gathered to listen to Dean Rigby, who explained the displeasure of the faculty and the fact that they could only be appeased by the payment of a fine of $20, inflicted upon a student whom they had decided was one of the principals in the event of the eventful night. The result of this decision is that there are murmurings which evince the students' displeasure. Talk of a strike is heard, but others more philosophically inclined have persuaded their fellows to accept their lot and to pay the fine jointly. The latter course has been adopted, but a meeting is spoken of by some at which indignation can be expressed. What the result will be is doubtful. Provost Macklem, when spoken to about the affair, had little to say. He stated that it was simply a matter of college discipline, and had been satisfactorily disposed of. He was happy to say no expulsions would result. The students also say that there has been no rustication in connection with the occurrence. There is a student at present under penalty of rustication, but it is for another matter of a private nature.

American Medical Association.—At the last (fifty-third) meeting of the American Medical Association, held at Saratoga Springs, June 10-13, 1902, a joint resolution from the Sections of Cutaneous Medicine and Surgery and Hygiene and Sanitary Science was introduced in the House of Delegates as follows:

> "*Whereas*,—There is a burning necessity to check the spread of venereal diseases, and, assuming that the States cannot with impunity ignore the condition, it lies in the province of the medical profession to discuss and recommend

to the respective State Legislatures and municipalities means not regulamentative, but social, economic, educative, and sanitary in their character, to diminish the danger from venereal diseases. *Resolved,*—That the section on Cutaneous Medicine and Surgery of the American Medical Association invite the section on Hygiene and Sanitary Science to co-operate with the section on Cutaneous Medicine and Surgery in bringing about a propaganda in the different States, looking toward a proper recognition of the dangers from venereal diseases, and to arrange for a national meeting under the auspices of the American Medical Association for the prophylaxis of venereal diseases, similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year at Brussels, under the authority of the Belgian government."

This was later submitted to the House of Delegates, which endorsed the action of section and adopted the following:

"*Resolved,*—That a joint committee of six from the Sections on Hygiene and Sanitary Science and Cutaneous Medicine and Surgery be appointed by the President to stimulate study in and uniform knowledge of the subject of the prophylaxis of venereal diseases and to present to the American Medical Association a plan for a national meeting, similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year in Brussels, under the auspices of the Government of Belgium."

The Committee on Prophylaxis of Venereal Diseases consists of:

Dr. Henry D. Holton, Chairman, Brattleboro, Vt.
Dr. Ludwig Weiss, Secretary, 77 East 91st St., New York.
Dr. George M. Kober, 1600 "T" St., Washington, D.C.
Dr. W. H. Sanders, Montgomery, Ala.
Dr. L. Duncan Bulkley, 531 Madison Ave., New York City.
Dr. Frank H. Montgomery, 100 State St., Chicago, Ill.

The peculiar social, racial and political conditions of our country are so different from those on the continent that they necessitate an expression of solely American ideas on this mooted question, both from a socio-economic and sanitary point of view. The committee desires the support of the medical profession and the aid and powerful collaboration of the medical press of the country to help them in this work. It takes the liberty of soliciting expressions and views editorially and otherwise, and would be glad of personal correspondence from those supporting the movement and who will contribute by papers, etc., to make it a success in case the House of Delegates should favor the holding of such a congress.

The Physician's Library.

BOOK REVIEWS.

A Text-Book of Practical Medicine. By Wm. Gilman Thompson, M.D., Professor of Medicine in Cornell University Medical College, New York City; Physician to the Presbyterian and Bellevue Hospitals, New York. Second Edition; revised and enlarged. Illustrated with 62 engravings. New York and Philadelphia: Lea Bros. & Co. 1902.

Scarcely three years have elapsed since Prof. Thompson published the first edition of his work on "The Practice of Medicine." The manner in which his volume was received may be judged from the fact that already he has had to almost rewrite his entire text-book. It can hardly be said of medicine, as of surgery, that, so great and numerous are the advances made in that branch of our science, a book must of necessity be revised every year or two in order to keep it up-to-date; but it is, nevertheless, evident that Dr. Thompson is anxious to consider no labor too great in order to have his "Medicine" second to none.

The book is divided into nine parts, as follows: Part I., Infectious Diseases; II., Diseases of the Digestive System; III., Diseases of the Spleen, Lymphatic System and Ductless Glands; IV., Diseases of the Blood and Vascular System; V., Diseases of the Respiratory System; VI., Diseases of the Urinary System; VII., Diseases of the Nervous System; VIII., Diseases of the Muscular System, and IX., Miscellaneous Diseases, Poisons, and Drug Habits, and Diseases due to Parasites. One of the most scientific chapters in the book is the one devoted to Typhoid Fever, its 58 pages forming an exceedingly up-to-date consideration of its different phases. Under treatment, the author, in referring to intestinal antiseptics, says, "Some practitioners have faith in the so-called Woodbridge treatment ('eliminative and antiseptic'), which consists in the routine employment of calomel and carbonate of guaiacol; others give salol, creosote or iodine throughout. After extensive trial I have no personal belief in their value as antiseptics. In so far as they act as intestinal antifermentatives they may do no harm, and salol is by far the best of them; but antiseptic they certainly are not, for they cannot be put into the intestine in sufficient strength to kill the bacilli which reside in its wall, in the spleen, mesenteric glands, and else-

where. The protracted use of calomel salivates and provokes dangerous purgation." Dr. Thompson's Practice of Medicine is a contribution to medical literature of no small value. W. A. Y.

Diseases of the Skin, their Descriptions, Pathology, Diagnosis, and Treatment, with Special Reference to the Skin Eruptions of Children and an Analysis of 15,000 Cases of Skin Eruption. By H. Radcliffe-Crocker, M.D. (Lond.), F.R.C.P., Physician for Diseases of the Skin in University College Hospital; Honorary Member of the American Dermatological Society; Membre Correspondant Etranger de la Societe Francaise de Dermatologie; late Physician to the East London Hospital for Children; Examiner in Medicine, Apothecaries' Hall, London. Third edition, with 4 plates and 112 illustrations. Two volumes. London: H. K. Lewis, 136 Gower Street, W.C. 1903.

It was a wise act upon the part of the author of this work when he undertook its revision for the second time, the last edition having been out of print now for a matter of years. After carefully perusing the third edition, we can safely say that Dr. Crocker has succeeded in bringing his splendid book in every detail up to date, even to the modernizing of the names of many of the more recent skin affections. This edition is considerably larger than its predecessor. It cannot be termed a text book, but on the other hand, is suited to both the needs of the student and the practitioner, by the former as a foundation of his knowledge of dermatology, and by the latter as a work of reference when "cornered" over a difficult case. Volume I. is devoted to Congestions, Inflammations, Hemorrhages, Hypertrophies, Pigmentation, Atrophies, and Neuroses. Volume II. covers Neoplasmata, Appendages, Fungous Diseases, Animal Parasites, and an Appendix. The work as a whole is most creditable, and in our opinion is one of the best pieces of literature issued for years past on the subject of dermatology. The American edition of this work appears in one large volume and is published by P. Blakiston's Son & Co., Philadelphia, Pa. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

Obstetrics. A Text-Book for the use of students and practitioners. By J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University, Obstetrician in Chief to The Johns Hopkins Hospital; Gynecologist to the Union Protestant Infirmary, Baltimore, Md. With 8 colored plates and 630 illustrations in the text. New York and London: D. Appleton & Co. 1903.

"To William H. Welch, Professor of Pathology, Johns Hopkins University, and Wm. T. Councilman, Professor of Pathology,

Harvard University, as a slight expression of respect and affection," are the words which adorn the fly-leaf in Dr. Williams' Text-Book and suitably convey his personal feelings to the two gentlemen named, with whom he has been associated in the teaching of medicine at Johns Hopkins University.

The first thing that attracts the reader in this volume is its splendid typography and more than beautiful half-tone illustrations. If some publishing houses would take the hint and not insist upon doing their part of the work "on the cheap," their productions would meet with more acceptance. D. Appleton & Co. evidently believe in the best work only, Dr. Williams' book being no exception to that rule. The half-tone cuts found are all produced from specimens in the author's own possession, so that there can be no question as to their accuracy. The book is intensely practical all the way from cover-board to cover-board, and will be found by the obstetrician to be the latest and one of the best dissertations on this subject in print, just sufficient space having been devoted to the anatomy, etc., of the generative tract to interest students.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, of Philadelphia, etc., assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-patient Medical Department of the Jefferson Medical College Hospital. Volume I., March, 1903, Surgery of the Head, Neck, and Chest; Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia and Influenza; Diseases of Children; Pathology; Laryngology, and Rhinology; Otology. Philadelphia and New York: Lea Bros. & Co. 1903.

The contributors to Volume I. of Progressive Medicine for 1903 are Dr. M. Floyd Crandall, Dr. Chas. H. Frazier, Dr. L. Hektoen, Dr. J. B. Herrick, Dr. Robert L. Randolph, and Dr. A. L. Turner.

It can safely be said of Progressive Medicine for 1903 that, if the following three volumes are the equal of Volume I., just out, the set for the current year will be fully up, if not superior, to those of any previous year. One of the most instructive chapters is that on Typhoid Fever, consuming nearly 30 pages. It is a modern consideration of the subject in all of its phases and not so long as to be in any way wearisome. Under "Treatment" the author says that chloroform water is recommended by Dibailoff (*Vratch Ebnaya Gazeta,* Vol. IX., No. 13). Diphtheria antitoxin is spoken of favorably by Yanze (*Revisto Centro Med.*

de Cordova, Vol. II., No. 6). Coffin finds that the evaporation bath possesses no advantages, in fact, the mortality is higher than where the ordinary Brand treatment by tubbing or sponging has been instituted (*American Medicine,* June 21, 1902). Adrenal substance is warmly recommended by Coleman in typhoid hemorrhage, 5-grain powders every hour (*Medical News,* March 29, 1902). Walls (*Chicago Medical Recorder,* Oct. 15, 1902) makes a vigorous protest against the exclusive milk diet on the ground that it is intolerable as a sole food for the adult, that it is notoriously impure, containing, as a rule, a large amount of poisonous filth, and because, in digestive tract infections, it feeds the parasitic intestinal flora rather than the host.

The Surgical Diseases of the Genito-Urinary Organs. By E. L. Keyes, A.M., M.D., LL.D.; Consulting Surgeon to the Bellevue, and the Skin and Cancer Hospitals; Surgeon to St. Elizabeth Hospital; formerly Professor of Genito-Urinary Surgery, Syphilology and Dermatology at the Bellevue Hospital Medical College, etc., and E. L. Keyes, Jr., A.B., M.D., Ph.D.; Lecturer on Genito-Urinary Surgery, New York Policlinic Medical School and Hospital; Surgeon to the Out-patient Department, St. Vincent's Hospital; Physician to the Venereal Clinic, Out-patient Department of the House of Relief of the New York Hospital, etc. revision of VanBuren and Keyes' Text-Book. With 174 illustration in the text, and 10 plates, 8 of which are colored. New York and London: D. Appleton & Co. 1903.

This volume is the outcome of one, written about 35 years ago by Drs. VanBuren and Keyes, entitled "Genito-Urinary Diseases With Syphilis," and which was about the first book published treating of those subjects. Twenty years later the volume was rewritten (after Dr. VanBuren's decease) with few changes, except that the pages were devoted more to genito-urinary work than syphilology. And now the book has been again revised, syphilis and its consideration being this time entirely eliminated from the work and attention devoted solely to surgery of the genito-urinary organs. We find the book divided into two parts and, contrary to the usual custom, the first and larger part of the volume is devoted to Diseases of the Urinary Organs, including gonorrhea, the last 15 chapters only taking up Diseases of the Genital Organs. The authors have acted wisely in devoting the space they have to gonorrhea in its many different phases, widespread manifestations and sequelæ. "Keyes' Genito-Urinary Diseases" (1903) may be correctly termed, in every respect, an up-to-date consideration of the subject, and can be looked upon as being reliable. The authors are to be congratulated on their

work and should find that their volume will meet with practical support.

The American Year-Book of Medicine and Surgery for 1903. A yearly Digest of Scientific Progress and Authoritative Opinions in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of GEORGE M. GOULD, A.M., M.D. In two volumes—Volume I, including *General Medicine,* octavo, 700 pages, fully illustrated; Volume II., *General Surgery,* octavo, 670 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Per volume: Cloth, $3.00 net; Half Morocco, $3.75 net. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

During the few years that W. B. Saunders & Co., of Philadelphia, New York, and London, have been publishing The American Year-Book of Medicine and Surgery they have met with the endorsement and practical support of the American profession almost *in toto.* A text-book, published but once and not revised for a good many years afterwards, is one thing, but a year-book, published, as its name would indicate, every twelve months, is another. The latter must of necessity always be a modern presentation of the subject and without any chance of becoming old or stale. It might be thought, however, that the author of an annual volume might be inclined to repeat in some degree from year to year the same material, but not so with Dr. Gould and his associates, who revise the whole in no hap-hazard, slip-shod manner, but carefully and methodically, so that the purchaser has not any reason to regret becoming an annual subscriber, but may rest assured of receiving good value for his money every time. The 1903 Year-Book of Medicine and Surgery is in every respect on a par with, if not superior to, its predecessors.

The Medical Annual. A Year Book of Treatment and Practitioner's Index, 1903. 21st year. Bristol: Jno. Wright & Co., Stone Bridge. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. Edinburgh: Young J. Pentland. Glasgow: A. Stenhouse. New York: E. B. Treat & Co. Calcutta: Thacker, Spink & Co. Paris: Boyveau & Chevillet. Melbourne, Sydney, Adelaide and Brisbane: G. Robertson & Co. Sydney: Angus & Robertson. Toronto: J. A. Carveth & Co.

Congratulations to the publishers of The Medical Annual are certainly in order. The 1903 issue makes the 21st year in which this valuable book has appeared, and we think that we are safe in

saying that every succeeding number since the first, has proved more valuable than its predecessor. The Medical Annual is now one of those volumes, whose appearance each year is looked forward to by the profession almost the wide world over, as there must be few books in any country with a wider list of subscribers. We find among the list of contributors this year such well-known names as Drs. Robert Abbe, E. H. Fenwick, Robert Hutchison, H. P. Loomis, P. Leech, Wm. Murrell, Robert Saundby, J. K. Love, Norman Walker and A. H. Tubby. The 1903 Annual may correctly be termed "a reflection of the knowledge of the year." In this issue the publishers have, very wisely we think, commenced to give a general summary of the year's work, so that the reader can at once get, in a paragraph, an idea what are the most recent opinions on almost any branch of medicine and surgery, and what instruments and apparatuses have been invented during the preceding 12 months. May The Medical Annual see its 50th anniversary enjoying the same degree of prosperity as it does on attaining its majority. W. A. Y.

General Surgery; Practical Medical Series. By John B. Murphy, M.D. Chicago: The Year Book House, 40 Dearborn Street. 1902.

This is the second year's contribution to surgery by Dr. Murphy. The writer says in the preface that the present volume is enlarged in response to a demand, and that instead of attempting to cover several subjects, he has made more extensive reviews of fewer articles. The topographical work is an improvement on the first volume, but here comparison ends. It certainly is a mistake to consider but a few subjects in detail in an annual compendium, which, at best, a year book must be; rather do we believe that its scope should be broad and its references brief. As we might expect, a large space is given to the surgery of the abdomen, with several pages devoted to appendicitis. We note an absence of any reference to the latest views on the surgical technique of mammary cancer. The author falls into line with the advocates of prostatectomy by the perineal route, and gives pictorial illustrations of a new operation, devised by himself, for nephropexy. In this instance an unfortunate omission is made in not stating that the drawings are only diagrammatic, as anatomically they do not exist. But, taken altogether, this volume is very well edited and can be highly recommended as a most useful and valuable addition to the medical literature of 1903. T. H. M.

The Pit. By Frank Norris, Toronto. George N. Morang & Co., Limited.

"The Epic of the Wheat" is a strongly constructed story, true to life, in that great whirlpool called Chicago; the men are alive,

filled with purpose, but, of course, abominably rich; the women charming. The story seems so real, so thrilling at times, that the breath comes faster as one reads, and hearts kindle in admiration for the king of the wheat-pit as he fights his great battle and "corners" for one brief spell the wheat of the world, and then Mother Nature unloads her plentiful harvest and teaches him his lesson that she alone controls and sweeps him before her abundance like a leaf on a stream and he loses his all—yet love abides. As we close this masterpiece (of its kind) of fiction, a great sorrow fills the heart of the reader as he remembers that the book of life has "closed over" for the young author with his great intellect and keen insight into the lives and motives of men. What marvellous story-weaving he might have done in the long twilight of life had he been spared. Yet, what a long day's work Frank Norris did when he gave us "The Octopus" and "The Pit."

W. A. Y.

Atlas and Epitome of Human Histology and Microscopic Anatomy. By Privatdocent Dr. J. Sobotta, of Wurzburg. Edited, with additions, by G. Carl Huber, M.D., Junior Professor of Anatomy and Histology, and Director of the Histological Laboratory, University of Michigan, Ann Arbor. With 214 colored figures on 80 plates, 68 text illustrations, and 248 pages of text. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Toronto. 1903. Cloth, $4.50 net.

It is often the case that in a series of volumes, such as Saunders' Medical Hand-Atlases, one or two are rather below par. Not so, however, in this instance, as each one seems almost to outstrip its predecessor. An atlas of human histology, including a large number of colored micro-photographs, might be open to criticism if great care were not used in the execution of the illustrations; but one has only to look over this volume to see the exactness of the work, and the absence of all distortion, to come to the conclusion that the 200 or more colored plates are, above all things, natural, and just as one would see them under the microscope. Saunders deserves great credit for this, his last effort in up-to-date printing, and the publishing of still another valuable medical publication.

W. A. Y.

Therapeutics of Infancy and Childhood. By A. Jacobi, M.D., LL.D. Third Edition. Philadelphia and London: J. B. Lippincott Company. 1903.

Physicians interested in the diseases of children—and who is not?—will feel a real pleasure in referring to the pages of this work. In it one finds many confirmations of views on practice long since entertained, and some novel features due to the author's

experience. Dr. Jacobi expresses his opinions freely and is evidently his own man. The work is one which will be doubly interesting to the practitioner because it deals with treatment. The fact that it has gone through three editions since 1895 would indicate that it is a popular work with the medical profession. It is well printed and neatly bound. J. J. C.

Essentials of Histology. By Louis Leroy, B.S., M.D., Professor of Histology and Pathology, Vanderbilt University, Medical and Dental Departments; Pathologist to the Nashville City Hospital, etc. Second edition, thoroughly revised and greatly enlarged. 16mo volume of 263 pages, with 92 beautiful illustrations. Philadelphia and London: W. B. Saunders & Co. 1902. Cloth, $1.00 net. Canadian Agents: J. A. Carveth & Co., Toronto.

In this work the essential facts of histology are condensed into 236 pages. The descriptive matter is plain and brief. The book is well illustrated. It is well adapted to assist students in their work, and also to serve as a reference for those physicians who desire to review only the leading and essential facts of histology. A. E.

Golden Rules of Refraction. By Ernest E. Maddox, M.D., F.R.C.S. (Edin.), Op. Surgeon Royal Victoria Hospital, Bournemouth. Golden Rule Series No. XII. Bristol: John Wright & Co.

This is in reality a vest-pocket book. It certainly is a marvel in its way, of conciseness and usefulness, but everything in it is trustworthy, and there is not a paragraph in the whole book which could be struck out. To any one commencing the study of refraction it can be recommended. J. M.

Questions and Answers in Physiological Chemistry—with Common Tests, Formulæ, Equations, and Past Examination Papers. By Harold M. Hays, A.B. New York: J. D. Abraham & Son.

The object of this little book is to give medical students a clear and concise idea of the salient points in physiological chemistry, used in conjunction with lecture-notes and text-books. These questions and answers will be helpful to students. A. E.

Constipation. By G. Sherman Bigg, F.R.C.S.E. London: Bailliere, Tyndall & Cox, 8 Henrietta Street, Covent Garden. 1902.

A very suitable work for popular use. The author is quite right in stating that constipation is the principal ill with which

human nature, especially civilized human nature, has to contend. In the last chapter of the book there are several good prescriptions for constipation, which will be appreciated, particularly by people who love to dose themselves. J. J. C.

LITERARY NOTES.

"Clinical Examination of the Gastric Contents."—We are in receipt of a most interesting pamphlet issued quite recently by the New York Pharmacal Co., of Yonkers, N.Y. It is entitled "Clinical Examination of the Gastric Contents." This is the third of a series of scientific monographs published by this house, the first two being "Essentials of Hematology" and "Syllabus of Bacteriology," each one being distributed among the profession all over the United States and Canada. The New York Pharmacal Co. are to be congratulated upon these monographs, as they are in every sense of the word scientific and not merely advertising matter, as so many somewhat similar pamphlets are. The publishers deserve credit for this class of work, there being nothing that is tawdry and cheap about anything they send out. Any physician sending his card to the New York Pharmacal Co., Yonkers, N.Y., with the request for a copy, will receive one or a full set of these monographs.

The 1903 Standard Medical Directory.—That the publication of a high-class Medical Directory—correct, comprehensive, attractive and influential—is appreciated by the profession is proven by the cordial reception given the 1902 Edition of the Standard Medical Directory of North America and the promising auspices attending the 1903 edition now in active preparation with the aid, so the publishers state from actual computation, of nearly twenty-five thousand correspondents representing every State, province, county, city, and town of any size in North America. The new volume will consist of about 1,300 pages, comprising complete directories respectively of the physicians of all North America, colleges, societies, hospitals, sanitariums, mineral springs, publications, and, in fact, everything related to medicine. The new features (including an Alphabetical Index of Physicians with Post Office Addresses and Rosters of Practitioners of the Specialties) will, it is stated, add about one-third to the volume of the work.

The March Cosmopolitan.—The Cosmopolitan Magazine for March contains a number of noteworthy articles. "The Police Systems of Europe," by Avery D. Andrews, formerly Police Commissioner of New York, embodies many of the results of the

investigations of the author on his recent official visit to Europe, where he went to study the police systems of the leading countries. It is capitally illustrated. "The Selection of a Home," by Clarence A. Martin, Professor of Architecture at Cornell University, is the first of twelve articles on the general subject of "How to Administer a Household." Louise Parks Richards contributes an interesting personal sketch of the great painter, Von Lenbach. Two other character sketches deal with James Brooks Dill, the prominent corporation lawyer, and Edward Henry Harriman, the Western Railroad Czar. Elbert Hubbard, in an article on "A Gladiatorial Renaissance," makes out a strong case against football as it is played to-day, and Tom Masson discusses how many men a girl should be engaged to before she marries. "The Woman of Fifty," by Mrs. Wilson Woodrow, deals with the victory of modern woman over her hereditary enemy, Time. Other articles are: "The Young Napoleon," by Field-Marshall Viscount Wolseley, K.P.; "Mankind in the Making," by H. G. Wells; "Insurance as a Profession," by Charles F. Thwing, LL.D., President of the Western Reserve University; and "Beauty in the Modern Chorus." The March *Cosmopolitan* also contains four complete stories in addition to Henry Seton Merriman's new novel, "Barlasch of the Guard."

Bier Called to Bonn.—Dr. A. Bier, professor of surgery at Griefswald, has accepted a call to Bonn as successor to the late Professor Schede. Bier is only 41, and yet his name has long been quoted as the discoverer of spinal cocainization, and the therapeutic application of passive congestion, or *Stauungshyperemie*. It is a curious fact that he is not at all enthusiastic in regard to spinal cocainization, but expressly warns against its dangers. It owes its vogue entirely to others.—*J. of A. M. A.*

A Hygienic Institute for the Western University, London.—A deputation, headed by Dr. Robert Ferguson and Dr. H. A. McCallum, of London, Ontario, recently waited on the Ontario Cabinet at Toronto, presenting a request that an institute of hygiene be established in London in connection with the Western University. The government has replied that they can not at present accede to their application. The object of the university is to have the government build and maintain an institute equipped with laboratories for the purpose of providing scientific facilities for the prevention and treatment of infectious and epidemic diseases. The petitioners assert that something is due the western section of the province in view of the assistance granted Toronto and Queen's Universities; they will prosecute their application at a future date.

The Canadian Journal of Medicine and Surgery

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF MEDICINE AND SURGERY

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Original Contributions.

DR. JAMES H. RICHARDSON, ONE OF TORONTO'S GRAND OLD MEDICAL MEN.

BY W. A. YOUNG, M.D., L.R.C.P. (LOND., ENG.),
Coroner County of York, etc., etc.

ON the evening of April the fifteenth the former students of Dr. James H. Richardson tendered their old professor a greeting in the form of an oil-portrait of himself, the work of Mr. Dickson Patterson, R.C.A., presented at a dinner given at McConkey's, in celebration of the recent completion of his fiftieth year as teacher of anatomy in Toronto. Never did man deserve the esteem and affection of his army of students more truly than Dr. Richardson. Direct, convincing, thorough and inspiring as a lecturer, as dexterous in his ability to show, if necessary, his skill in using physical force by which to impress his students, as he was gracious in using moral suasion first at all times. A gentleman of the old school, self-contained and self-respecting, he knew to a nicety the value of the oratorical pause, and his silence often meant much to the youth who thought he knew it all.

From the days when I, as a "freshie," sat at Dr. Richardson's feet, learning how fearfully and wonderfully I was made—and that seems but a few years ago—it has frequently been my privilege and very great pleasure to drop in at the old homestead on Clover Hill, and spend a pleasant hour in the doctor's cosy den, and many a time

> "Jests went round, and laughs that made
> The house-dog answer with his howl,
> And kept astir the barn-yard fowl."

And then came tales of his stern pioneer days, when the practice of medicine in Toronto meant all work and no play. The facts of

Dr. Richardson's early years as student and teacher are, to me, so interesting that I feel I should like my old fellow-students, now perhaps living at a distance from Toronto, to hear them also, and with apologies to Dr. Richardson, and assuming the entire responsibility of "telling tales out of school," I give the following very short sketch of the years he spent as medical student, physician, and teacher of anatomy:

Dr. Richardson is a descendant of one of the early settlers in the Province of Upper Canada, his grandfather, after serving under Rodney in the Ramillies, having settled in 1786 in the vicinity of Kingston.

His father was born in that town in 1791, served in the Royal Navy under Commodore Yes, as lieutenant during the war of 1812, lost his arm at the shoulder in the attack upon Oswego, and for many years before his death in 1875, officiated as Bishop of the Methodist Episcopal Church.

Dr. Richardson was born at Presqu'Isle, near Brighton, removed with his family to York in 1826, received his early education at the Grammar School, conducted by Mr. Boyd, father of the present Chancellor Sir John A. Boyd; afterwards in Cazenovia, N.Y., at the Grammar School, connected with Dickenson College, Carlisle, Pa., and finally at the Victoria Seminary, Cobourg, and Upper Canada College, under Dr. McCaul.

He commenced his medical studies in 1841, with Dr. Rolph, then an exile in Rochester, N.Y., his studies being confined to anatomy and surgery, his text-books the "Dublin Dissecter" and Sir Astley Cooper's work on "Surgery." His dissections were performed in a room which adjoined his bedroom, and his subjects were sent to him from Toronto by the late Professor H. H. Wright.

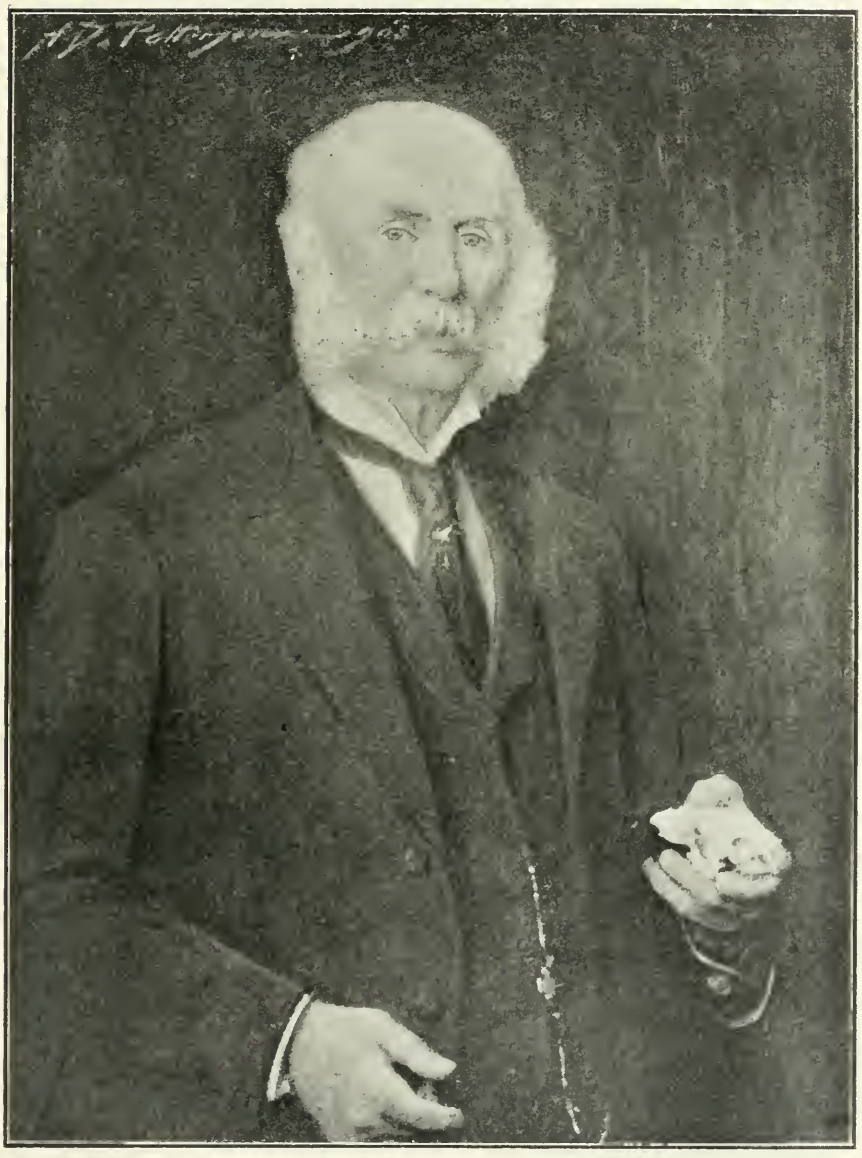
In 1843, upon his return home, he entered, as a matriculated student in medicine, King's College University, a special "dispensation" being granted inasmuch as he was not a member of the Church of England.

The only other matriculated student in medicine was Mr. King, nephew of the Professor of Medicine.

Lectures commenced in the fall of 1843, and were delivered in the Parliament Buildings, which were vacant, inasmuch as Parliament had been removed to Kingston. Dr. Richardson was the sole attendant upon Professor Beaumont's lectures on Surgery, both professor and student sitting before the capacious fireplace, in strict academical costume.

In the fall of 1844 he went over to England, and entered as a pupil in Guy's Hospital, London.

It has been stated that he was the first Canadian who went to study in London, but he is unable to say whether Mr. Givins, son



DR. JAMES H. RICHARDSON.

Half-tone of oil portrait presented by his former pupils, to be hung in Toronto University.

of Col. Givins, who was a student at St. Bartholomew's at the time he was at Guy's, preceded him or not. He was joined in 1845 by the late Dr. Small, in 1846 (or 1847) by the late Dr. Bethune and James Langstaff, of Thornhill.

Among his fellow-students who became eminent afterwards may be mentioned Mr. Lund, who for many years was the leading surgeon at Manchester; Dr. Roper, brother-in-law of Mr. Crickmore, barrister at Toronto, and consulting obstetrician at the Lying-in Charity, at Finsbury Circus; Drs. Habershon and Wilkes, physicians to Guy's; Cooper Foster, surgeon to Guy's, and Hon. Dr. Helmcken, who went out with Sir George Simpson in the early fifties, to Victoria, B.C., where he still lives, as the recognized head of his profession.

The staff at Guy's then comprised: Surgeons, Charles Ashton Key, surgeon to Her Majesty; Bransby Cooper, nephew of Sir Astley Cooper; Mr. Morgan. Physicians, Addison, Babington, Barlow, Bird, and Gull. Alfred Taylor, world-wide known in forensic medicine, occupied the chair of Chemistry and Medical Jurisprudence.

At the close of his first year Richardson was, after examination, awarded first prize in anatomy, ranking equal with Mr. Roper, Mr. Habershon and Mr. Lund receiving the second, also ranking equal.

Shortly previous to 1846, the dresserships, which up to that time were obtainable only upon the payment of a large fee, were presented to such students as were deemed worthy, and Richardson received one under Mr. Morgan, serving during the session 1846-47.

During that time he had an experience which created considerable interest among the staff and students, and great anxiety to himself. He was sleeping in the dresser's room, when a messenger arrived, who stated that a man who had been admitted on the day previous into Samaritan Ward, and had been examined by Mr. Morgan, who thought he had merely a trifling ailment of the throat, was suffocating and requiring immediate relief. Samaritan Ward was upstairs, in a building near the foot of the lane, and a large window opposite the door commanded a view up to the rear of the main entrance of the hospital.

He ran at once to the residence of Mr. Cock, one of the junior surgeons, who lived close by, whom he found in bed, and who promised to come immediately. He then roused Mr. Hill, who had charge of the hospital instruments, and obtained the tracheotomy case, containing knives, trochars and canulæ, and hastened back to the patient, whom he found to be in extreme peril, unable to inhale a breath, his eyes staring, and the muscles of his neck protruding from his efforts to breathe.

The instruments were laid out, everything was in readiness for the operation, and Richardson ran from the patient to the window again and again, watching for Mr. Cock's appearance. When the patient seemed to be *in extremis,* Richardson said to the sister (the head nurse), "Sister, I cannot bear to see this man die without an effort being made for his relief. Shall I operate?" With the sister's approval he operated, and passed the longest canula into the trachea; but it was too late, the man was dead.

After cleansing the instruments he returned to the dresser's room, and met Mr. Cock at the front entrance to the hospital. He had been unexpectedly detained. When Richardson told him that the man was dead, and that he had operated, his reply was (he stuttered): "The dev—the—the dev—the devil you did," and turned on his heel back to his house.

As might be expected, the excitement that morning was intense. That a man, who twelve hours before had seemed to have only a slight inflammation of the throat, had been operated on by a mere student, no one being present except the sister, and was dead, was unprecedented.

Twenty-four hours had to elapse before the autopsy could be performed, and during that time Richardson neither ate nor slept. He had never seen a case of œdema of the glottis, nor the operation of tracheotomy. Whether there was œdema of the glottis, whether the impeded respiration was caused in some other way, and whether the operation had been skilfully performed, were questions upon which depended his reputation, if not the serious charge of manslaughter, for none were authorized to perform such operations who had not received license.

At the autopsy, which was performed by Mr. King, the discoverer of the safety-valve function of the tricuspid valve, the operation was pronounced to have been skilfully performed, the glottis to have been completely occluded by œdema, and Richardson was not only relieved from all censure, but was justified in his effort to save the man's life.

During that year he spent six months in Paris, where he had the advantage of attending the lectures and the hospitals under Louis, Lisfranc, Laennec, Piorry, Trousseau, Ricord and others, who were lions in their day.

He was also present at the first administration of ether in London as an anesthetic. The use of anesthetics is such an invariable practice now that surgeons can scarcely realize the suffering of the unfortunate patient nor the embarrassment of the surgeon prior to their discovery.

Dr. Richardson returned home in 1847, with the diploma of an M.R.C.S. (Eng.), and commenced practice in Toronto. In 1848 he

STATUE OF "THOMAS GUY, FOUNDER."
Situated in the Court in front of Guy's Hospital.

passed the examination at King's College, and presented a Latin thesis on the motions of the iris, in which he endeavored to show the anatomical relations between the optic nerve and the nerves which controlled the motions of the iris, and was admitted to the degree of M.B.

I think it will be interesting to the large number of Dr. Richardson's professional friends to see the kind of attendance certificates which were issued over fifty years ago at Guy's Hospital, and I append two, just as they appeared in 1847. My readers will also find an exact photographic reproduction of the license to

STATUE IN GUY'S HOSPITAL CHAPEL.

practise in Canada issued to Dr. Richardson the same year. It was with considerable effort that I induced the doctor to allow me to publish them, but after several refusals he at last kindly acceded to my request. The letters inserted in this article are from men like Sir W. W. Gull, Drs. Barlow, Cock, Taylor, Bransby Cooper and others, who were Dr. Richardson's teachers during his term at Guy's Hospital from the year 1844 to 1846 inclusive. Full of interest, they go to show what an industrious student he was, and how he applied himself to his work with such assiduity that he was awarded the highest honors the hospital could confer.

Medical School

Guy's Hospital

It is hereby certified that Mr. I. H. Richardson has attended Two Courses of Lectures on the

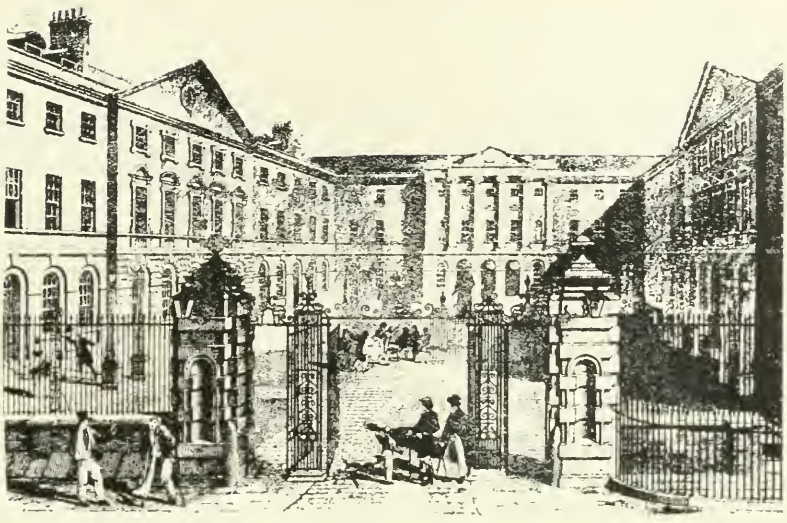
Theory and Practice of Medicine

by which he hath had an Opportunity of being made acquainted with the Principles of this Science

W. Babington

Physician to Guy's Hospital, SOUTHWARK.

London 11th May 1847



Medical School

Guy's Hospital

This Certifies that Mr J. H. Richardson has been a

PUPIL TO THE PHYSICIANS' PRACTICE

of this Hospital for Eighteen Months, during which Time he has had every Opportunity of acquiring a Knowledge of Diseases, and the proper Methods of treating them

Thomas Addison
W. H. Babington
J. H. Barlow
Physicians to the Hospital

London 11th May 1847

License issued to Dr. Richardson in 1847.

Province of Canada

By His Excellency The Right Honorable James Earl of Elgin and Kincardine, Governor General of British North America and Captain General and Governor in Chief in and over the Provinces of Canada, Nova Scotia, New Brunswick and the Island of Prince Edward, and Vice Admiral of the same, &c. &c. &c.

To all to whom these Presents shall come, — Greeting. —

Know Ye that I do hereby grant this my License to James Henry Richardson of the City of Toronto in the Home District of the Province of Canada, Esquire, to practise Physic, Surgery and Midwifery in the said Province of Canada. he the said James Henry Richardson having exhibited the proof of qualification and produced the other testimonials required by law in that behalf.

Given under my Hand and Seal at Montreal, this ~~twenty~~ fourth day of July in the year of Our Lord One thousand eight hundred and forty seven and in the eleventh year of Her Majesty's Reign.

By Command.

I have the greatest pleasure in having an opportunity of expressing the high opinion I entertain of the professional qualifications of Mr. James H. Richardson. I have known him intimately from the time of his first coming to Guy's Hospital, and can state that, through the whole course of his studies here, he has distinguished himself by his abilities and gentlemanly deportment, having had the highest honors of our hospital conferred upon him as a reward of merit. It is with feelings of esteem and the sincerest desire that he will hereafter obtain a full return for his labors that I conclude this testimonial.

(Signed) WILLIAM W. GULL, M.D.,
Lect. on Physiology.

Guy's Hospital,
May 19, 1847.

I can bear testimony to the great attention bestowed by Mr. James Richardson on the various objects of interest at Guy's Hospital during the long period of study at the surgical school of that institution. He has had great opportunities of making himself well acquainted with the principles and practice of surgery, and is qualified for the active duties of the profession by zeal and natural intelligence in the acquisition of knowledge. I hope to hear of his success in whatever quarter of the globe he may settle.

(Signed) C. ASTON KEY.
Senior Surgeon, Guy's Hospital.

London,
May, 1847.

I hereby certify that Mr. Jas. H. Richardson attended the lectures which I delivered in this hospital on Chemistry and Practical Chemistry during the years 1844-5, that he was a very diligent and attentive student, and that, from personal observation, I have every reason to be satisfied with his conduct as a pupil during the period of his studies.

(Signed) ALFRED S. TAYLOR, F.R.S.,
Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital.

Guy's Hospital, London,
May 13, 1847.

Mr. Bransby Cooper cannot speak too highly of the assiduity and proficiency made by Mr. James H. Richardson in the prosecution of his studies during his three years' pupilage at Guy's Hospital, and can most conscientiously say that he believes Mr. Richardson's departure from England will be equally regretted by the physicians and surgeons of the hospital, as by his fellow-pupils who have labored with him in search of science. Mr. Cooper feels assured that the due reward for excellent moral and gentle-

manly conduct awaits Mr. Richardson upon his return to his own country, where he will be certain to obtain the affectionate esteem of his friends, and the confidence of the public at large, for his great attainments in professional knowledge. The best wish Mr. Cooper can offer to his pupil and friend is that he may meet with his just deserts.

I have much pleasure in stating that I have known Mr. Jas. H. Richardson for a period of some years, during which he has been a student at Guy's Hospital. Whilst at that institution he enjoyed ample opportunities of acquiring a sound knowledge of medicine and surgery, and of these opportunities he diligently availed himself. Upon those grounds I recommend him as worthy of confidence in the profession.

(Signed) G. H. Barlow,
Physician to Guy's Hospital.

Union Street, Southwark,
May 14, 1847.

I have known Mr. Jas. H. Richardson during the entire period of his attendance at Guy's Hospital, where he has pursued and completed his studies with the utmost zeal, industry and success. I entertain an excellent opinion of his abilities, and am convinced that his well-grounded and practical knowledge of medicine and surgery, together with the opportunities he has enjoyed for observation and experience, are such as will qualify him to practise his profession with the utmost credit to himself and the best advantage of his patients.

(Signed) Edward Cock.

April 15, 1847.

It is with much satisfaction that I comply with Mr. Richardson's request to give him a testimonial on his quitting Guy's Hospital. I have had the opportunity of knowing the steady, persevering industry with which he has worked at his profession during his pupilage at this school, and I feel persuaded that his sound, practical knowledge of every branch of his profession will not fail in after life to secure for him a large measure of success. I have noticed Mr. Richardson's regular attendance in the lecture room, and I know that he has availed himself of the Lying-in Charity at Guy's Hospital to become practically acquainted with midwifery, and I feel confident that he will discharge the duties which belong to an accoucheur with much judgment, discretion and success.

(Signed) Henry Oldham,
Physician, Accoucheur and Prof. of Midwifery at Guy's Hospital.

May 15, 1847.

19 Myddelton Square, London,
May 10, 1847.

Mr. James H. Richardson, having completed his career as a student at Guy's Hospital, I cannot permit him to leave England without bearing with him my testimony of his high deserts. I have seen Mr. Richardson almost daily from the time he commenced his studies in London to the present time, and I can declare with confidence that none of my pupils have exceeded him for untiring zeal, patient industry and gentlemanly and urbane conduct. I beg confidently (so far as any introduction emanating from myself has influence) to earnestly and strongly recommend Mr. Richardson to the notice, patronage and support of my professional brethren in Canada, as well as to the public at large. The former will find in him an intelligent, scientific and industrious confrere; the latter will meet with in Mr. Richardson all the medical skill and intelligence which can be rendered to the sufferer in the hour of affliction.

(Signed) Golding Bird, A.M., M.D., F.R.S.,
Fellow of the Royal College of Physicians, Physician to and Professor of Materia Medica at Guy's Hospital, and to the Royal Coll. of Physicians, London.

I gladly embrace the present opportunity of expressing the very high opinion that I entertain of the professional abilities and acquirements of my friend, Mr. James Richardson. For several years past I have had the pleasure of his acquaintance and I can therefore with the greatest confidence recommend him as a most able and skilful surgeon, possessing every information requisite for a sound and accomplished practitioner.

(Signed) Alfred Poland,
Demonstrator of Anatomy, Guy's Hospital.
May 4, 1847.

I have great pleasure in bearing my testimony to the untiring zeal and great diligence with which Mr. James H. Richardson has pursued his studies at Guy's Hospital. I can more especially speak of his acquirements in midwifery, and most truthfully do I state that he has omitted no opportunity of making himself acquainted with this department of the profession. Wherever he may settle he will be an acquisition.

(Signed) Jno. W. Lever, M.D.,
Physician, Accoucheur and Prof. of Midwifery at Guy's Hospital.
April 27, 1847.

I have much pleasure in offering my testimony in favor of my former dresser, Mr. James H. Richardson, whom I believe to be a well-educated and well-informed surgeon, and in every respect perfectly qualified to practise his profession with honor to himself and advantage to his patients.

(Signed) JOHN MORGAN,
May 20, 1847. 41 Finsbury Sq.

I have much pleasure in bearing testimony to the industry and gentlemanly conduct of Mr. Jas. H. Richardson whilst a pupil at Guy's Hospital, and in expressing the favorable opinion I entertain of him as a medical man.

(Signed) THOMAS ADDISON, M.D.,
Sen. Physician and Lecturer at Guy's Hospital.
"Guy's," May 17, 1847.

I have the greatest pleasure in bearing my testimony to the professional acquirements of Mr. Jas. H. Richardson, which I fully believe to be of the highest order. During the period of his studies at Guy's Hospital he has always been distinguished for his industry, ability and urbanity, and I feel confident that he will practise his profession with honor to himself and to the advantage of those seeking his advice.

(Signed) JOHN BIRKETT,
London, *Demonstrator.*
May 12, 1847.

In 1849, the Professor of Anatomy, Dr. Sullivan, being prevented from lecturing, on account of illness, from which he died the next year, nominated Dr. Richardson to supply his place, and the nomination having been confirmed, he (Dr. Richardson) commenced lecturing that fall.

The chemical and anatomical departments then occupied an oblong building, west of the Parliament Buildings, and was lighted by sky-lights. His room contained two raised benches, and the class numbered about eighteen, some matriculated, but the majority studying to pass the Medical Board. At the close of the session the students presented him with a testimonial, expressing their satisfaction at the way in which the duties had been performed.

In 1850 the chair became vacant, on the death of Prof. Sullivan, and Dr. Richardson was selected out of three applicants, who had been recommended by the Caput of the University, as Professor of Anatomy and Curator of the Museum. He was required to relinquish all practice, and to give his undivided attention to his duties, and received therefor a specified salary, the other professors being paid by the fees received from students.

His colleagues were gentlemen of the highest ability in their departments.

Professors Beaumont, F.R.C.S. (Eng.), in Surgery, and Croft, in Chemistry, had been selected in London, upon the recommendation of the highest authorities there; Professors Gwynne, King, Herrick, Nichol and O'Brien were chosen from the leading practitioners in the city.

The Medical Department of the University rapidly extended, and more commodious quarters being required, a large brick building, afterwards called Moss Hall, was erected upon the site of the present Biological Building. It contained commodious theatre, lecture rooms, museum, private rooms for each of the professors, and a large dissecting room, which extended upwards through the second story.

Everything gave promise of continued prosperity and progress. The Faculty were working diligently and harmoniously, the accommodation was ample, the students had increased so that Dr. Richardson's list alone numbered over sixty, until the assembly of Parliament, in the winter of '53, when, without a note of warning, a bill was rushed through Parliament which provided that, after the next July, there should not be any longer either the Faculty of Medicine or Law in the University of Toronto, and that the professors who did not resign their chairs should be paid up to that date, and those who did resign should receive a year's pay.

The animus of this Act was shown in a clause in which was laid down directions concerning the endowment of chairs in the University, to which was added the proviso that it should not be lawful to endow any chair for the teaching of the branches of medical education, or any subject allied thereto. The intent of the Act was shown in the clause by which students should be admitted to examination in the University for degrees in Medicine, only from such medical schools as might be chosen and specified by the Provincial Governor-in-Council. That school was the one of which Dr. Rolph was head. As to the political circumstances which enabled him, then a member of Hon. Mr. Hinck's Cabinet, to secure the passage of an Act so injurious to the University, and unjust to the professors of the two faculties, it is only necessary to say that Hon. Mr. Hincks, replying to a letter to him from the Rev. John Roaf, in which Mr. Roaf upbraided him for supporting the bill, stated that, in order to secure a refractory section of the Reform party, so as to carry out his Grand Trunk measures, he had given control of the University question to Dr. Rolph.

Some years afterwards, Dr. Rolph, having separated from his colleagues in his school, and established another in Yorkville, Dr. Richardson accepted the invitation of the late Dr. W. T. Aikins to lecture in the Toronto School of Medicine. He con-

tinued his connection with that school until the restoration of the Faculty of Medicine in the University, and was, with almost all of the lecturers, restored to the professorship he had been deprived of, more than thirty years.

The reason assigned by the supporters of the Act of 1853 was that institutions teaching professional education should receive no support out of the public funds, but after Dr. Rolph had separated from his colleagues and formed his new school, negotiations were carried on through the Hon. Dr. Widmer for the re-establishment of the Faculty of Medicine, and Dr. Bovell had submitted the names of Dr. Rolph, Drs. Hodder and Bovell from the Trinity College School, and Drs. Nichol and Richardson from the old University staff. As soon as Drs. Nicol and Richardson heard of the move they called upon Dr. Widmer and informed him that their names had been submitted without their having been consulted, and that they would have nothing to do with the scheme. Dr. Widmer's answer was characteristic, "You are d—d fools." To this they replied, "May be, but their self-respect will not permit them to take professorships along with a colleague who had been instrumental in procuring the destruction of the Faculty." The scheme in consequence went no further.

When the University of King's College became the University of Toronto, in 1849, the Chair of Divinity was abolished, but the professor retained his connection with the University as Professor of Ethics, and the University became completely undenominational, and open to all with equal privileges. A Royal Commission of Visitation was issued, "to organize and regulate" the new body. The members of the commission were Chancellor Blake, Hon. J. H. Cameron, Mr. Justice Wilson, Mr. David Buchan, and Dr. Richardson, of whom Dr. Richardson is the sole survivor.

Dr. Richardson taught anatomy in the University of Toronto Medical Faculty till about seven years ago, after having completed fifty years of medical teaching in Toronto, so that our dear old friend was not only present at the birth of the chair he so worthily filled, but held his professorship long enough to see Toronto University occupy the wondrous position it holds, and those walls will now be adorned by a painting of the old professor. The portrait, as shown on page 307 of this article, represents him standing in a characteristic attitude, while lecturing—erect for his years, his right hand falling loosely by his side, his left hand extended, and in it holding up to view, as if demonstrating to a class, the temporal bone. His eyes are as blue and clear as a June sky—such young eyes, without a trace of ennui, as

> "He looks the whole world in the face
> For he fears not any man."

Only in the throat has the artist allowed the deep shadows of old Father Time to leave their impress, and perhaps in a strenuous vein or two in the finely modelled hands. The quiet tones of soft golden brown which form the background, merge beautifully and fittingly into the outlines of the figure of this man of oak.

"Old friend, kind friend, lightly down
Drop Time's snowflakes on thy crown!
Never be thy shadow less,
Never fail thy cheerfulness."

* * * * * * * *

"I,—the man of middle years
In whose sable locks appears
Many a warning fleck of gray,
Looking back to that far day,
And thy primal lessons feel
Grateful smiles my lips unseal,
As, remembering thee, I blend
Olden teacher—Present friend.

145 College Street, Toronto, April, 1903.

SEVERE EXTRINSIC TRAUMATISMS OF THE SPINE.*

BY THOMAS H. MANLEY, M.D., NEW YORK.

SEVERE spinal injuries reduced to an anatomical basis may be divided into two classes: First, those which involve the rachidian structures alone, the osseous, ligamentous, muscular, and vascular.

Second, those in which the effect of violence fall with greatest force on the central organ, the cord, its meningeal investments, its ganglia or medullary substance.

The former or extrinsic injuries are much the most common, and though not so serious to life or function may, by extension of pathological processes, involve the deeper or more vital parts; but in most cases they are recovered from, however, sometimes leaving deformity or impaired function.

The osseous structures of the vertebral column consists essentially of two parts; first, a segmented whole, made up of the vertebral bodies, with an intervertebral substance, and an enveloping sheath of a tough, fibrous structure.

This, properly speaking, is the triple curved backbone, which supports the head and carries the whole trunk. This is a flexible structure which, within various limits, may be bowed or twisted with remarkable impunity.

Secondly, the posterior stage work of the spinal column, the vertebral apophyses which serve chiefly the double purpose of pro-

*Abstract of essay presented at Mississippi Valley Medical Association at Kansas City October 16th, 1902.

viding a hollow tube for the cord, and attachments for ligaments, muscles, and tendons.

All the structures external to the theca spinalis are provided with an abundant circulation, while the cord itself and its membranes are but very sparsely supplied with vessels.

The primary extrinsic lesions of the spine are:

1st—Contusions, blows, or falls.

2nd—Sprains, hyperflexion, or torsions.

3rd—Hemorrhage—intra and extra-rachidian.

4th—Fractures—simple and open.

5th—Diastases—fracture and luxations.

6th—Visceral complications.

Contusions, blows, or falls on the back seldom involve danger to the spinal structures, except when the volume of force is great and force is concentrated on a limited area. The spinal defences provide frequent immunity by sudden sinking of the head, the projecting shoulders and ribs, the iliac crests, the ponderous lumbar development and gluteal projections. A sudden violent blow over the neck is the most serious, because of the large sympathetic ganglia here located, and its contiguity with the bulb at the base of the brain.

The pneumatic, thoracic areas are well calculated to resist shock, and, lower down, afford protection to many of the solid, floating organs of the abdomen.

The spinal cord ends at the last dorsal vertebra, and hence, concussive force on the lumbar or sacral regions can only effect the terminal nerve cords contained therein.

The effect of a blow on the lumbar or sacral region is from direct concussion and contre coup effects, transmitted shock.

Sprain of the spine, implies the effects of a complex force, with consecutive complex pathological conditions, entorse and arrachement torsion with over-stretching or sundering of ligaments are invariably essential factors.

The neck, the most mobile segment, suffers most frequently, and grave sprains there are most commonly produced by the body being projected against the occiput, as in diving, or falls on the side of the head. The costal bases which laterally support the thoracic spine, safeguard this segment against torsion injury. The lumbar region frequently suffers from sprains after great efforts in various exercises, or in making heavy lifts with the spine in a laterally inclined attitude.

A severe sprain of a joint is always a serious accident; of the spine more so, because of vital and delicate organs which it encases. Spinal sprains may involve a diastasis of the vertebral segments, though generally the apophyseal articulations alone are engaged. In lumbar sprains the tendons may suffer rupture or luxation.

Spinal hemorrhage may be broadly divided into two varieties, viz., that which occupies the cord and that which occurs external to the theca in any of the overlying structures. The former can never occur, as a primary, uncomplicated lesion; the latter, the extrinsic variety, occurs frequently in nearly every type of severe spinal injury; it is usually venous, it may take place in the vertebral hollow, alongside the cord, or into the subcutaneous intermuscular spaces, posterior to the apophysis.

The most confused ideas prevail in relation to "spinal hemorrhage," the prevailing impression being that the blood escapes into the meninges or the medullary elements of the cord, hematomyelia, while quite invariably the blood leak is into the hematorrhachis. The latter is, of itself, rarely a cause for serious apprehension, but when complicated it becomes an aggravating factor in provoking pathological changes, tending to meningitis, or myelitis, ascending or descending. The gravity of this hemorrhage depends on its site, volume and complications.

Fractures of the spine should always be considered in a category separate to itself. This fracture may exist—a broken back without any definite symptoms at all. Diagnosis of it, by any means known to art, may at times be absolutely impossible. When the spinal cord escapes impingement, as it does in the greater number of cases, restitution and integraum may speedily follow, or the fragments may unite, leaving an ankylosis, or a deviation, most commonly a kyphosis. This involves a deformity with impairment of function, in the mechanical action of the column, in its oscillatory movements and its strength, but in no manner impairing the function of the cord.

Fracture of the spine is seldom attended with palpable displacement, the ligamentous attachments being so numerous and firm that the fragments are usually sprung into position automatically. This fracture only assumes a serious aspect when the cord is divided or fatally crushed.

Diastasis, or fracture-luxation: A genuine, complete luxation of the spine, without simultaneous destruction of the cord, can be only imagined, it can never occur without destruction of the cord.

A displaced vertebral body is a diastasis and not a dislocation, because, the intervertebral junctions are not true joints, and luxation of the apophysis can only occur with co-existent fracture of an arch or pedicle, except in the cervical region. It is very frequently impossible to distinguish an apophyseal luxation from a fracture, except possibly in the neck, and even here, a luxation of the vertebrae has often been suspected, when on autopsy none was found, but a fracture of the base of the skull. Again, I have known of an exploratory operation for luxation-fracture when none was discerned through the incision, but it was later known that one existed three vertebrae farther down.

Visceral complications, co-existent or consecutive to violent spinal injuries, are not infrequent. The thoracic and abdominal organs most frequently suffer. Mediastinal, pleural, or pulmonary hemorrhage may occur after a fracture through the vertebral blocks, or a diastasis through the intervertebral substance, in consequence of a laceration of the anterior ligaments and intrarachidian plexus of vessels. The heart or great vessels may suffer from the effects of violent commotion of the thorax.

In the abdomen the kidney may suffer displacement, contusion, or laceration; the spleen, pancreas, or liver are liable to similar lesions; a distended gall or urinary bladder, or stomach, may suffer rupture and leakage; the pregnant uterus in any stage may sustain shock with the premature expulsion of its contents.

In many severe extrinsic rachidian injuries, though the spinal cord may previously escape such damage as will induce paralysis, yet later symptoms may follow, suggestive of meningeal changes, or disturbances of nutrition, and pronounced disturbance of the ganglionic connections with the sympathetic involved.

In all this class of traumatisms it will be well to be reserved in prognosis until at least the primary effects have been recovered from the function is fully regained.

LEGISLATION NEEDED FOR THE PRESERVATION OF THE TEETH OF THE SCHOOL CHILDREN OF CANADA.

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The statement which I am about to make, while it may be somewhat startling to the ordinary physician, is one which should merit the closest attention of the profession. My statement is this: That the most neglected, yet the most important, health reform affecting the well-being of the American people is in relation to the deterioration and decay of the teeth of the children of the present generation, and the almost universal neglect of the proper measures for prevention of the loss of the permanent teeth of school children. I am well aware that this statement is a bold one, and one which will not meet, at first sight, with the endorsation of physicians who have not given special attention and study to this subject. However, it is my firm conviction that in far-reaching results and as a predisposing and exciting cause of disease, and as effecting the health, beauty and vigor of the race, there is no more serious menace to the welfare of the future American citizen than this same question. Over a dozen years ago, my opinion was

that tuberculosis was the greatest menace to civilization, and as a pioneer in the movement for the prevention and alleviation of consumption in this country, my recommendations in favor of a consumption sanitarium and other measures for the prevention of the disease met with the disapproval of the majority of the profession, and of the various medical societies of this country, but my study of the subject has been so exhaustive that my advice as to the importance of sanitaria for consumptives meets with general approval to-day, and while there were only two consumptive sanitariums in America at that time, now there are several in Canada, and millions of dollars have been spent in this direction in the United States and elsewhere. We have now consumptive hospitals for the poor, but dental hospitals are also necessary if we are to prevent wholesale destruction of the teeth of the children of our poor, and just as necessary is the early notification of the parents of the school children of the presence of caries of the teeth. The most important measure to this end is the periodic inspection at least two or three times a year of the teeth of the school children. No one should be allowed to attend school without having their teeth examined at least twice a year by a dental inspector, or without bringing a certificate from their dentist certifying to the fact that the condition of their teeth had been examined by him. When we consider that 95 per cent. of all the children of Canada, between the ages of 6 and 16 have been shown to have decayed teeth, or have lost beyond possible recovery, except by artificial method, one or more of their permanent teeth, the universal need of this measure will readily be seen. If our people are to cope with the people of other lands in the race of civilization, something active and aggressive must be done and done at once in this direction, as millions of permanent teeth are being lost every year forever from the mouth of our children. Not only should every opportunity be taken to attract the attention of the profession of dentistry and medicine to this subject, but efforts should be made to obtain the co-operation of boards of education and of the Legislature. Of nearly twenty millions, boys and girls, of all ages, in the various schools of America to-day, it is a sad fact, indeed, to think that less than 5 per cent. of these have all their permanent teeth sound and healthy, while it is not uncommon to find that many of the old pioneers of the country retain in good form all their permanent teeth. It is not only in America that this condition prevails, but in foreign countries the condition of the teeth of children is so bad that in Russia, Germany, and elsewhere, progressive measures are being taken for the prevention and alleviation of this growing evil.

The legislation needed in Canada to remove this great national calamity is to enable school boards to require school children to

bring a dental certificate from their family dentist certifying that the teeth have been examined by him, or else requiring them to undergo a periodic examination by a dental health inspector, who would be specially appointed for making such examinations at least once or twice a year. By this means parents would not be unaware, until too late, of the real condition of the mouths and teeth of their children, and if dental hospitals were established, or other arrangements made, for the caring for the teeth of poor children, this national evil could be largely remedied.

Wood Alcohol Poisoning.—Dr. Brehm, an American physician, drank three bottles of Columbian Spirits on July 27, 1898, and two days afterwards became entirely blind. He now sues the firm who made the spirits, claiming that his blindness was due to wood alcohol used in its manufacture. The spirits is acknowledged to have been made from Jamaica ginger, wood alcohol, 30 per cent.; grain alcohol, 50 per cent., and water, 20 per cent. This formula reminds us of the taste of divers and various drinks with which we have quenched our thirst in Scott Act days. We still see—at any rate well enough to be on the lookout for Columbian Spirits.

A Serum Which Will Put an End to Cholera Infantum.—The recently discovered serum which kills the bacilli of cholera infantum has been injected into animals at the Wilson Sanitarium, near Baltimore, Md., and has been found to be wonderfully efficient. The experiments have been conducted by Dr. J. H. M. Knox. Dr. Simon Flexner, new head of the Rockefeller Institute for Medical Research, has also attained similar results, and believes the anti-toxin can be given to the world by the end of this year. It was the death from the disease of his little grandson, "Jack" McCormick, that led John Rockefeller to found the institute. The effect of the serum upon human beings has not yet been tried and it is not expected that a trial will be made until it has been greatly improved upon. All physicians interested in anti-toxin are hopeful of perfecting the remedy so that it may be successfully used in the treatment of children. Flexner is working to this end at the Mulford Vaccine Farm, near Philadelphia. Preparations are being made to engage thirty trained students in the laboratory work, and others will be sent to various localities to study the peculiarities of the disease under different conditions. While the discovery of the germ was made by the two Johns Hopkins students, the fact that cholera infantum was due to the existence of a germ was first learned through the researches of army surgeons in the Philippines.

Selected Articles.

SIX YEARS OF MEDICAL JOURNALISM—A RETROSPECT.

BY JAMES C. JOHNSTON, A.B., M.D., NEW YORK.

Recently Acting Editor of the *Journal of Cutaneous and Genito-Urinary Diseases.*

Happiness, they say, is accomplishment. Mine in this connection lies in the fact that I have accomplished my term of service and am free to sit down and write, while they are fresh in my mind, the reflections born of the experiences of those six years. It is not an unusually long period, as these things go, for journalism is, like eczema, a blood disease, and can rarely be cured in a lifetime. I had served an apprenticeship of four years under Dr. J. A. Fordyce before Dr. Swinburne and I assumed the management, as well as the ownership, of the *Journal,* so, perhaps, in view of the dual role, if not the experience, I may be excused for the rashness of getting into cold type with reminiscences. Of our troubles as publishers, struggles with printers, photo-engravers, lithographers, papermakers, post-office authorities, and, especially, with non-paying debtors, of whom we met some two thousand, I shall have nothing to say. The experience is valuable, but only to the individual; what I have to present relates to the editorship and, I have faint hopes, will tend to promote a better understanding between authors and readers, on the one hand, and the editorial staff, on the other. If a bias in favor of the latter is discovered, it will be forgiven on the ground that

> "Each in his separate star,
> Must paint the thing as he sees it
> For the God of things as they are."

The god is the public, the only tribunal from which there is no appeal. Its judgments should be moderated on that account alone.

The worst of the many evils with which the medical profession has to contend is one of which all our national experience has taught us the folly, decentralization. It is evident throughout. Its business is worse handled than any other. Instead of trusts, in which overproduction is restrained, in which wages can be fixed and maintained, and in which the incompetent and superfluous

are eliminated, it is every man for himself, and the devil and his colleagues for the hindmost. This is true of its material for investigation, and of the journals it supports, as well as actual practice.

Our exchange list numbers more than one hundred and twenty, the total varying from time to time, owing to untimely deaths and summary removal when a contemporary was caught in too barefaced a theft from the *Journal's* abstracts. Of these, the large majority, seventy-odd, are American. No imagination, however fertile, can conceive a use for so many. That some of them serve no purpose is amply testified by their contents. The whole of one man's time would be necessary to review them in the most superficial manner. We are 125,000, but it would be enough for us if we had only a few weeklies and monthlies, and a periodical devoted to each specialty for the work which is too technical for the general reader. Their capacity would be limited, and it would be possible for them to accept only what is really valuable. The reader would be saved the sifting process he goes through at present, authors would be compelled to be sure that they have something to say, and that it be said in the tersest manner, and the journals themselves would be adequately supported. Such a beautiful Utopia, as late Senator Ingalls said of purity in politics, is an iridescent dream. Being a practical people, we will have none of it, and the gentleman from the backwoods or the metropolis, with an experience of two cases will go on piling up statistics of the result of treatment to the end of time. Worst of all, his work goes to leaven the lump, and all the world gains mental indigestion, nothing more. We struggled against the flood of literature for a year, but self-preservation drove us with a consuming regret to file about fifty periodicals in the waste basket, their wrappers still intact. Things are getting to a pretty pass when not every hamlet, but every medical society in that hamlet, is of its dignity and importance impelled to acquire an organ. A crumb of comfort lies in the fact that the American mote has an exact counterpart in the beam in the European eye. Two journals are published regularly in Great Britain which contain only the burning words of their editors. The pertinence of these remarks lies in the explanation they give of the character of much of our literature, as well as of the fact that few men read anything nowadays out of their special lines, and in them the work of those whose names they know.

Original Articles.

Two motives, in the main, lead a man to present his views to the public. They are that he wishes to add a mite to the sum total of knowledge, or that he wishes to gain a reputation, vulgarly speaking, to advertise himself in the only way legitimately open

to him. Both are entirely worthy, but both are subject to perversion. In the first case he may not be able to judge of the value of his own work: he may be so young that enthusiasm betrays him into error (this type of youth has been known to last for fifty years), or his experience may not be sufficient to justify a hearing at all. It does not matter that his work has been supervised by elder men: it must stand on its own merits. I have known not a few instances in which publication has been preached as the gospel of living by those who should know better. Few workers' activities are perennial like Virchow's, and it is not too much to say that medical men do their best work before fifty. This is the point at which the editor should appear as counsellor and friend, and advise a postponement or a touch here, an amplification, verification or condensation there. His efforts are often taken amiss, and the manuscript is withdrawn by the indignant author for publication elsewhere. It is the ideal editor I am speaking of, certainly not myself, a person of judicial temperament and something near to omniscience, who has the courage of conviction. The letters the editor gets are pretty scurrilous at times. My experience is that nothing occasions an author more annoyance than the return of his article, but when the thing is hopeless, it must be done. Let me say that the editor gathers no great pleasure from the proceeding; in fact, it is the most difficult thing he does. The paper may have been read before the Medical Society and received with the courteous comment that means so little, "this painstaking and erudite contribution to our knowledge." You know the phrase. Just the same, back it goes, and the editor is arraigned for a numskull who can't see beyond his nose.

When the work is good and is accepted, the troubles are by no means at an end. Few of us can write our beautiful mother tongue. In most instances not a particle of attention is given to style, sometimes not even the spelling is correct. The sentences are lame, they convey no meaning, and they are jumbled without an effort at continuity of thought. People have no time to dig for nuggets in this age. Unjustifiable conclusions are drawn from the data presented, and good workers sometimes require twenty years to eliminate the error.

It is curious to see how mistakes of this sort are clung to, as to our dearest hopes. Authors are incorrectly quoted, and references, often not looked up, are given in the same way. Does the man who writes naevus "nevus," like you to tell him that it is Latin, not English, he is using? His enthusiasm at your kindness is not noticeable to the unaided eye. Lastly, and this is most distressing of all, there is a good fellow, doing his level best, with almost no equipment to keep up with the procession, who reads truly astounding things into banal findings. The "hysterical pseudo-scientist"

is a creature whose opportunities should enable him to know better, and who may be, but rarely is, dealt with without compunction.

Verbosity is inexcusable. Commend me to a man who clips his phrases until not a word can be spared without obscuring his meaning. Circumnavigation of the circumnambient is still a favorite pastime of medical authors. There is no necessity for excusing a publication if it contains its own excuse. I have known a thousand words to be too few for apologies. (There is no doubt that twice ten thousand would be too few sometimes.)

There is something to be said on the author's side in this connection. It is not fair to make him conform to a style of spelling with which he is not familiar, and for which, perhaps, he has sovereign contempt. He cannot be expected to remember that sulphur is spelled with an "f" in one journal and thyroid with a central "e" in another, but he may be expected to do his spelling one way. It is not fair to make him say "I think" for "it seems to me," if the latter seems better to him, and he has the perfect right to style himself "the author." His pet phrases should not be cut unless they are ambiguous. By no law, human or divine, is an editor empowered to make hash of the manuscript or bibliography. It should be sent to the author in order that the injected sentences may not stultify him completely. I know half a dozen editors who thrive on the rows they start in this fashion.

A reference may be given in only one way: author's name; journal not abbreviated out of easy recognition; volume *and year*, page. Within these limits, the writer may, and should, be allowed to write his bibliography as he pleases.

There are instances of manuscripts having been held unpublished for two years, good material, too, in order that the editor's school pupils or colleagues may have first place. In the meantime the story becomes stale or has been forestalled. There is no redress, but it is a cruel wrong. On the other side, writers should remember that an editor does the best he can with a limited space, and may be compelled to delay publication for three or four months.

A nice editorial discrimination is required in the case of a man who writes for reputation. If he has something worth hearing, by all means let him have his opportunity, no matter what his reputation for advertising. If he dashes madly into print with the result of a Bottini operation before the knife is cold, or because he has found a few cell inclusions and thinks they prove parasitism as the cause of cancer, plead with him as a brother. If he will not listen, pass him on to another editor. His feelings cannot be hurt. His next dash will be wilder, if possible. Killing is altogether too good for the man whose object is to puff a proprietary preparation under the guise of a contribution to science. A meaner man than the one who married on Christmas a girl

whose birthday was on the twenty-fifth of December, is he who sends his article to all the journals he knows of at once, and prays for an immediate hearing. Fortunately, the game can never be played but once, even when the culprit is a genius, like the one who recently secured admission to twenty journals, with no returns as yet from the mountain counties. It is possible for an editor to joke about these things when his race is run, not before.

Perhaps the worst of the lot is the thief (no need to mince matters), who steals another's work, his cases, his methods, even his photographs. The editor knows nothing of the matter until he hears from the victim; of course the harm is done, for the article is printed. He makes what amends he can, knowing himself innocent, but the wrong seems without redress. No one pays any attention to the owner's claims after the fact. They are laid to jealousy and dismissed. Subvarieties of this genus are those who carefully compound articles from quotations, minus the marks or plus them, as the case may be, and those who polish old jewels of wisdom and offer them as new. These two are not insidious like the first, and may be dealt with gently and firmly.

A word as to titles. Let the author remember the unfortunate whose evil state forces him to make the volume's index and, remembering, not make his title a synopsis of his communication. It is enough to tell a reader whether the subject attracts him. If one or two words will do, so much the better; but it is entirely possible for the caption to be misleading when the error is on the side of brevity.

Book Reviews.

There is one desideratum in a book review, and that is to tell the truth about the book. When it comes to the editor's desk, he does one of two things with it—he reviews it himself, if he has time, or he sends it to some one he thinks fitted for the task. If he selects the latter course, he does so in fear and trepidation. Time goes on and no review materializes. After a few months the publishers politely request to know if there is any likelihood of a notice ever appearing. After several notes, interviews and telephone conversations, the review is sent. It is evidently written from the preface, is perfectly perfunctory, and winds up with: "This work deserves a place in every library." It goes in and the editor hates himself.

Occasionally he gets a surprise, and the reviewer makes his comments in fine style. The author is never pleased, but that is beside the issue. His feelings and his publisher's cannot be considered. Good friends are lost that way, but duty points to the good of the reader. The best reviewer is one who not only knows the subject, but has written on it, if possible, a book. His justice is then tempered with mercy, and he writes with authority as

well as infinite sympathy. What he says may go a long way if he signs the review, a good practice in most instances. The average critic thinks his work done when he has picked all the flaws he can find. If there are mistakes, misprints or omissions, by all means let them be pointed out, because these points are helps in preparing a new edition, but it it not possible that any work on medicine is wholly composed of error. Destructive criticism is about the easiest of literary pyrotechnics, and, while it may be a choice spectacle, there is nothing left but acrid smoke. Indiscriminate praise is no better. Any man who reads a review (there are not many) wants to know why the book excites admiration. When the work is a monograph on one topic, a good plan, instead of reviewing it in the ordinary sense, is to give the gist of its contents with a comment or two. One sort of book may be treated with any amount of contumely the critic chooses to heap upon it, the one which presents nothing to think about on a subject already worn threadbare. Patience is short these days.

Correspondence.

There is no cordial liking in newspaper offices for unsigned letters. Anonymity is the coward's cloak. The writer is, in plain English, afraid to let his identity be known, and for good reasons. His object is almost invariably a personal attack. If the editor knows him and can vouch for him, he may publish the letter in case its object is to right a wrong. Why reputable journals publish, as they have in my knowledge, bitter personal attacks, unsigned, or, indeed, at all, passes my comprehension.

There is a place for correspondence in medical publications, and that is to present minutiæ not worthy of expansion into original communications.

Society Proceedings.

Generally, after the medical stenographer has taken his notes, they are sent to the debaters for correction. This practice affords a double opportunity of correcting the mistakes of both, so that what appears is fortunately, in rare cases only, what has been said. Few physicians have silver tongues; but it would be a pity, indeed, if the experience gained from "the speaker's nine thousand cases of dandruff, in private practice," should be lost to the dear public. It is this pure altruistic motive which leads societies to pay stenographers ten dollars an evening. Symposiums are rehashes; set debates are as futile a pastime as making bouquets of dandelions, and in extemporaneous ones, if you know your man, you can generally predict what he will say, even the stories he will tell. From all this may be gathered that society proceedings, in my opinion, are useless. They are—except to the editor who fills space with them.

The case is proved by the exceptions. The transactions of clinical societies are vastly useful if the cases are presented with proper histories. In this way we may escape the reporter's deductions, in which we have not the remotest interest, and at the same time get the benefit of the case. I am not so familiar with other lines, but there is just one dermatological society in the world which reports its cases properly, and that one is in Paris.

The rest are useless, even to the trained observers who can read between the lines. I have been more abused for the transactions my journal published than for any other feature. I accepted it in proper spirit, knowing that it was deserved and the pruning knife had been used too little.

Abstracts.

As a race we are said to take our pleasures sadly, everything else in tablet form. The habit, the latter that is, is growing. Things are pretty nearly at a pass where no one with anything to do has time to read literature in any line but his own, and often not in that. That *rara avis* in metropolitan communities, the general practitioner, is in even worse case. The editor knows what is expected of him, and knows, too, the cost and result. How many appreciate the labor that has gone to make the finished product lying in their desks once a week or a month? No more than count the cost of lighthouse building or powder making. The parallel is not perfect, but the toil is the same. I served my time, five years, in the making of abstracts, and there is nothing except the index, for which I have greater loathing. Some one must do it. The question is, who? We must abstract from Russian, Polish and Scandinavian tongues, if we can; must be able to winnow wheat from chaff, make it readable, and compress the work of ten years into not more than five hundred words. It is not too much to say that every abstract, properly done, represents from two to three hours' time. Count up the years contained in the single issue of the *Philadelphia Medical Journal* of December 13. If an article is worthless, it can be dismissed in two lines, but the mind that weighs it should be judicial. "Nothing new" is a sad commentary on an "original" article. My idea is that an abstract should merely indicate the trend of the author's observation, not attempt to give the whole substance, unless it is an epoch-making production. If the reader is really interested, he will study the original for himself; if not, he will get all he will ever remember. Journals are not published to encourage laziness. The chief reason for any notion of the abstract is that, with all the good intention possible, the reviewer often misrepresents the author through misunderstanding or carelessness. The error is copied, carried into books and embalmed for a generation. This is the reason why many writers of late have taken to making

their own abstracts. The polyglot genius with medical training who can weigh evidence and sum it up, does exist. There are several of him in my ken, but, so far as my experience goes, he works when he lists, sometimes for glory, sometimes for the love of it, and sometimes for money or the journals. Whatever the motive, the reader is his debtor, but his word should not be taken as gospel. Quite as useful as the man who pursues original lines of investigation is he who presents an able critical summary of the results of that work. Small thanks he ever gets for it.

The Publisher's Department.

One word and I am done. I am not of those who hold that medical literature is on so high a plane that there must be an absolute divorce between it and the advertising which makes its existence possible. The journals subsidized from one source or another are in a fortunate position, for they are not compelled to carry advertising. The rest are. They could no more live without it than could the lay periodicals; moreover there is no discernable sense in their attempting to do so. Having accepted it, the management may offer a *douceur* to the advertiser, not under any circumstances to publish his matter in the regular reading pages, but to give him space for "write-ups" in a publisher's department, the character of which is plainly indicated. The subscriber may read or not, as he chooses, but the obligation has been discharged. Close supervision is absolutely necessary, for advertisers having the inch make a practice of demanding the ell. If the matter is new, and tests of the preparations well done, so much the better. In case they are not, they must at least be abstracts from recent publications, not mere puffs. This department is a regular feature in many of our best general magazines, and it is merely a matter of business, to be viewed in no other light, but the advertiser should not expect, as he does, to get the notice for nothing. He would not do so if he did not know himself to be dealing with a class notoriously not business men.

I have not touched upon the department of news, for presenting that is a function of the medical newspaper and not of the special journal. The same I hold to be true of editorial writing. It may not be entirely well to tell professional secrets, but there are many difficulties in the making of a magazine which its subscribers seem not to appreciate. I shall have accomplished my object if there comes that better understanding between them and the gentlemen in editorial chairs of which I have spoken. I am not a reformer. Medicine and its literature are too old to be remodelled now, but the paths of both parties in this case may easily be made much smoother.—*Philadelphia Medical Journal.*

THE ANATOMY ACT—ITS PROVISIONS—THE "RESURRECTION MEN" AND THEIR METHODS.

THERE is occasionally an outcry against the practice of handing over the bodies of indigents and friendless deceased unfortunates to the local medical schools for dissection. The arguments usually adduced against the practice are sometimes of a religious and sometimes of a purely humanitarian nature. The defenders of the system say that a surgeon to be thoroughly competent to deal with the various ills and accidents that befall mankind must not only receive anatomical instruction, but also practice in dissection. They contend that it is as impossible to make a surgeon by simply showing him a living human body and expounding to him the various parts of which it consists, as it is to make an artist by showing him pictures, or a carpenter by giving an exhibition of men nailing and planing in a workshop or on a building. The painter must acquire dexterity in the use of his brush, the carpenter must handle the tools himself and the surgeon must dissect the parts of the structure which he has to keep in repair and rehearse on a dead body those operations which he may have to perform on the live body in the sick chamber, surgical ward, or battlefield.

The medical and surgical students who come annually to Toronto for this kind of education, including dentals, who also take practical anatomy, are in number about nine hundred and eighty. To provide practical anatomical work for these embryo surgeons, on an average of one hundred "subjects" annually pass over the dissecting tables of the medical schools of the city. The source of supply is provided for by law, and it is not within the memory of Inspector Stark, of the local detective force, that there has been any instance of the legalized source of supply not being equal to the demand in Toronto. That is to say, the local police have not been called upon, for a good many years at least, to investigate alleged instances of body-snatching or "burking" to supply the medical faculty with subjects. In the event of a decreased supply, accompanied by an increase in the number of students, who might be hampered in their pursuit of technical knowledge by the lack of subjects for dissection, it is hard to imagine what the consequence might be. However, the present situation does not warrant pessimistic speculation. Indications are that the atrocious crimes of the early part of the eighteenth century in England, excused as beneficial to science, need never be re-enacted in Canada, with the encouragement and connivance of the medical profession.

What is familiarly known as grave robbing is not classed as theft in the Canadian Criminal Code. Under the common law it was held that the corpse of a free man, which belongs to no person, could not be stolen. Persons stealing the body of a slave, however, could be indicted for theft. Therefore, under common law, the disinterment or abuse of dead bodies was no crime. Section 206 of the Code, however, provides that any person who offers any indignity to a corpse or neglects to perform his duty with respect to the burial of the corpse, shall be liable, upon conviction, to five years imprisonment. The Anatomy Act is a Provincial statute. It sets forth that the body of any person found dead, publicly exposed, or sent to a public morgue, or who immediately before death had been supported in a public institution, unless claimed within twenty-four hours, shall be handed over to the local inspector of anatomy. This official is empowered to then turn over the corpse to the faculty of one or other of the medical schools for dissecting purposes. According to the Act, each subject must be preserved whole in the anatomical room of the institution to which it is delivered, for fourteen days, to give a further opportunity for relatives to come along and claim it, paying a reasonable sum, "not exceeding $10, for expenses of detention." The inspector of anatomy is entitled to receive $5 for each subject delivered to the faculties of the medical schools, who are bound in the sum of $80 to see that the "bodies are decently interred after they have served the purposes required."

The proverbial pauper's grave, nowadays, generally speaking, is reached by a circuitous route over the dissecting tables of an anatomical demonstration room. All the "subjects" dissected in Toronto, have not necessarily died here. There is a big field to draw from, inspectors of anatomy in districts where there is no medical school being enjoined by the Act to send the bodies in their charge along to the nearest city in which there is a medical school. The county poor-houses purvey extensively in this manner for the benefit of science.

Towards the end of the eighteenth century, the law, as well as public opinion, in England was decidedly adverse to any adequate dissecting operations in the London colleges. The only legal means for instructing the thousands of medical and surgical students who went to London year after year were the bodies of hanged murderers, generally on an average of about a dozen annually. The medical men of the time were either driven to abandon the practice of dissecting altogether, and allow surgery to relapse into prehistoric incompetency, or be parties to illegal and barbarous body-snatching operations. The latter alternative was adopted, and the methods used were of the most abominable kind. Ruffians called

"resurrection men" gained a precarious and dangerous livelihood by breaking open graves, extracting the recent inhabitants, and selling the proceeds of their depredations to the professors of anatomy. An appalling instance of the brutalizing nature of the pursuit was presented in the career of a man named Burke, who lived by catering to the demand from the medical schools for "subjects." He became at last so insatiated with the love of his work that he actually murdered people to secure their corpses and sell them for lucre. He was hanged in Edinburgh about the end of the year 1828, for smothering to death an old woman whose body he sold for seven pounds sterling. Burke's crimes and his career created a new word in the English language, "Burkism," or the art of killing persons for dissecting purposes, is a monument to his crimes.

But Burke was only one of the many who made a living by body-snatching. The trade was carried on quietly for a long time, as, indeed, the interests of the men engaged demanded. The churchyards in and around London and other cities, where medical schools are situated, were ransacked by these men, who eventually cultivated an extraordinary skill in getting out bodies. Their practice was to select the graves, which were sometimes marked during the day, and at night to repair to the churchyard or cemetery with a cart, in which were placed sacks and the various implements required. They cleared away the earth at the head of the coffins, then the lid was raised with a lever and broken under the pressure of the earth above it. The corpse was then drawn out by the head, the clothes removed, and put back again. The hole was filled up, and the gruesome cortege departed. The body-snatchers could thus take a body from a coffin buried deep in the ground, and restore things to their normal appearance, all in about three-quarters of an hour. The clothes were invariably carefully replaced, as to take them would be committing what was in those days a hanging offence—theft. The bodies were taken into the city in the cart concealed, perhaps, under vegetables, so that the horrible cargo looked like a market-gardener's produce.

Although, by an English statute, passed in 1788, disinterment was made a misdemeanor, prosecutions were not common, and offenders, when taken, were usually liberated. The magistrates winked at the crime, in the interest of surgery. A man named Murphy stated openly before a Parliamentary Committee in 1810, that he had, during the preceding two years, supplied to schools in England 305 bodies of adults at about four guineas each, and 44 bodies under three feet, which he sold at so much per inch. Murphy admitted that he had cleared £100 in one evening's work, after deducting the salaries paid to the several "resurrection men"

who worked for him. He was probably the greatest artist in his line.

Exhumation, though the chief was not the sole means of illegally procuring bodies for the dissecting table. A case is recorded in Faulkner's "English Crimes," where a body-snatcher saw a man fall dead in the street, he stepped forward, claimed relationship to the man, had the body delivered to him, and sold it to the faculty of a neighboring medical school. Frequently the body-snatchers would break into a house where a body lay in a coffin awaiting burial and steal it. So common was this method of securing corpses that one of the London policemen alone recovered 75 of the bodies in this way. There is a story told, too, of a squad of resurrectionists breaking up an Irish wake and rushing off with the body, trailing it through the muddy streets stark and lacerated.

In 1831 an Anatomy Bill, something similar to that now in force in Ontario, was passed in the British House of Commons, but thrown out by the Lords. Encouraged by this the body-snatchers, as a profession, made the following year a record-breaker in the history of the craft.

They went around in armed bands and no corpse in any graveyard was safe in its supposed last resting-place. Dying people, for whom death itself had no terror, were appalled at the poor prospects for the repose of their earthly remains. "Burking" was rampant; all missing persons were promptly registered as victims of Burkism and searches were made for them in the dissecting rooms of the colleges. This brought matters to a climax, and the following year saw the adoption of the Anatomy Bill by both Houses.

The robbery of graves for the procuring of hospital "subjects" was quite common in Quebec Province until about ten years or so ago, when the scandal assumed such grave dimensions that the Government was compelled to intervene, and enacted legislation upon the lines of that now in force in Ontario, whereby the hospitals and medical schools were given all unclaimed bodies from coroners' inquests. The body-snatching years were filled with many queer incidents, some humorous and some serious. One of the former was enacted at the well-known road-house kept by Mrs. Lumkin, at Cote des Neiges, at the back of Mount Royal. One bitter cold night fifteen winters or so ago, a party of roystering snowshoers, who were preparing to go back to the city after a night's amusement in the dancing hall, were suddenly startled by an awful scream from the front of the hotel. Rushing out they saw the driver of a sleigh on the verge of insanity. He had been engaged by a party of three young men in the city for a night's

drive. They went out to Cote des Neiges, and left him at the hotel while they went for a walk. Shortly afterwards they returned, supporting a fourth, who, they told the driver, was a friend who had been overcome by the cold. They placed the supposed friend in the sleigh and went inside to have a final drink before going back to town. One of them came out with a drink for the "friend," and then returned to the hotel. Time passed on, and the driver, becoming anxious, got off his seat to speak to his new passenger. He spoke and got no answer, and then bending forward to see what was the matter, was horrified to find that the passenger was a corpse, still in its grave clothes and wrapped up in an overcoat to cover the evidences of his last earthly habiliments. Poor cabby nearly had a fit. His alarm roused the whole district, but his original passengers did not turn out with the rest of the crowd; they evidently "smelt a rat," and made themselves scarce. Anyway the cabby had to finally drive the corpse under escort of the local physician to the mortuary at the Cote des Neiges cemetery, where it finally found a resting-place. The newly disturbed grave was found the next morning in the section of the cemetery devoted to paupers.

One of the tragedies of body-snatching was enacted at the Hotel Dieu, Montreal, just about the same time. The operating room was filled with students, the "subject" was on the operating table, and one of the students was assigned to perform the particular operation which the surgeon in charge desired to illustrate. He went forward, but suddenly gave a yell and fell in a faint on the floor. It was subsequently discovered that the "subject" was the body of a girl in a country village in Soulanges county, about fifty miles away, to whom he had been paying attentions. Her finger still bore a ring which the student had given her. It was presumed that the "subject" was procured by some of the professional body-snatchers, who used to operate in the graveyards in the country districts around Montreal, and that the young woman had died without the student being notified. The student is now a respected practitioner in Montreal, but it is doubtful if he will ever have such a shock as he was given that day in the operating theatre of his hospital.

Secret Medicines in Japan.—Very stringent laws have been enacted in Japan in regard to secret proprietary medicines. The importation of those containing a poison from which accidents might result is absolutely prohibited, as is, also, the sale of those that have deteriorated. The retailer must be informed in regard to the ingredients, proportions and doses, and must specify them in applying to the authorities for permission to sell the medicines.

School Hygiene.

THE CARE OF FEEBLE-MINDED CHILDREN.

A CONFERENCE was held at Leicester in November, 1902, upon the treatment of the mentally defective, at which Mrs. E. F. Pinsent, chairman of the After-Care Committee of the Birmingham School Board, read a valuable paper "On the Permanent Care of the Feeble-Minded." The After-Care Committee was first formed to find situations for feeble-minded children who were capable of working. Among forty-eight of such children, it was impossible to trace thirteen at all; of the remainder, sixteen were at work, their average age being 17 years, and their average weekly wages 5s. 9d., one boy earning as much as 10s. per week. Of the others, one has died, five are in some asylum or home, and the rest are being more or less cared for at their own homes. The writer reminds us that in the end these poor children will have to be supported by the community, and asks if it would not be wiser to do so at once instead of waiting until matters have been made worse. The paper concludes as follows: "The ultimate aim of this inquiry is, of course, to collect evidence showing the necessity for boarding-schools, to be supplemented by permanent industrial colonies, permanent custodian homes, to which children who were unfit to face life on their own responsibility could be transferred from such boarding-schools. In this way they would never be allowed the liberty which they can only misuse to their own degradation, and to the degradation of the society in which they live. Theoretically it may be hard to decide what degree of mental deficiency renders people morally irresponsible for their actions, but when it comes to the practical side the question as to which cases will ever become independent of help and self-supporting, it is not nearly so hard a matter. . . . Ultimately such people do have some restriction or other put upon their personal liberty; too often in gaol, too often in the penitentiaries, and most often, perhaps, in the workhouse. We are only asking for restriction a few years sooner, and we offer instead of the usual story of crime, shame and pauperism, that these years should be spent happily and safely, and filled in with pleasant and honest labor." This question needs attention in Ontario just now.

H. MacM.

SCHOOL NURSING.

Time has shown that district nursing or home nursing is a good and necessary work, especially in our large cities. In addition to this, school nursing has now been established in London, Liverpool, New York and other cities. In Liverpool nineteen schools are visited from one to three times a week, five or six thousand dressings being done each month. The cost for each school is about ten pounds per annum, or at the rate of one penny a year for each child in a school of two thousand children. The expense is met by the School Nursing Association, assisted by private subscription. The work of the nurses is much appreciated by the school authorities, the parents, and the children themselves. Ophthalmia, eczema, neglected cuts, broken chilblains, etc., are the most common complaints, the average number of children seen at one time varies from fifty to one hundred, and the nurse has a cloak-room, classroom, or gymnasium, placed at her disposal as a temporary dispensary.

School nursing in New York City has developed very rapidly. The arrangements differ somewhat from those in London and Liverpool. In October and November, 1902, one school nurse was at work in New York City. On December 1st, eleven nurses were appointed by the Board of Health, the Board of Education undertaking to give dressings and supplies. It is hoped that in March, 1903, the staff of nurses will be increased to twenty-five, and that about one hundred schools will be visited regularly. This work is done in connection with the medical inspection of schools, and the nurse sees only the children sent to her by the doctor in his daily rounds. The nurse records the names and ages of the children treated in her book, and gives each child a slip of paper, which is to be given to the teacher, stating whether the child is to return for further treatment.

Measles in Schools.—From the special report of Dr. Young, medical officer of health for Stockport, it appears that 2,520 pupils were absent from school on account of an epidemic of measles. As the average absence from school for measles is four weeks, it will be seen that the result is a record of 10,080 weeks of education lost. In some towns a school is closed when the average attendance is diminished to the extent of 10 per cent. by one single disease. Dr. Young suggests that an outbreak of measles may be limited by closing the schools for two reasons: by the removal of susceptible children from infected surroundings, and by the removal from close contact with susceptible children of some one in an infectious condition.

Proceedings of Societies.

CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

The President, Dr. Alexander Lyle, in the chair.

Trachoma.

Dr. Earl Connor read a short paper on trachoma. He said, in part: Under "trachoma" are grouped a variety of conditions, apparently dissimilar, whose chief characteristic is hypertrophy of tissue. Clinically, we can safely accept the teaching of Prof. Born as to the differential diagnosis. First, there are cases which may be classed under the head of lymphoid hypertrophy or follicular or granular conjunctivitis. The condition is one of slight consequence to the health of the eye, as it may exist for weeks or months, until absorption takes place, and the mucous membrane returns to its normal condition. Cases in which lymphoid hypertrophy and ulceration co-exist, the so-called "mixed" cases, lead to confusion. These are the ones that are subjected to operation and promptly cured, but they get well under the use of simple astringents and by the correction of the strumous condition which underlies it. The cervical glands are nearly always hypertrophied.

True trachoma is characterized by minute ulcers on the epithelial surfaces of the conjunctivæ and cornea, with more or less profuse cell infiltration. In the lymphoid cases there are no changes in the structure of the lids or cornea. In the ulcerous type the changes are more or less extensive and progressive, and it is not a self-limited process. The infiltration and cicatrization continue until a state of atrophy of the conjunctiva is reached, and a more or less dense opacity of the cornea results.

Sequelae.—It is only the patients who have the lightest attack or those who come under treatment early, who escape more or less serious impairment of the eyes. Distortion of the eyelids, with faulty disposition of the cilia, is common. In extreme cases the cilia are brought into constant contact with the cornea, causing pain and increased reduction of the poor vision by cell infiltration. The construction of the cicatricial tissue causes atrophy of the mucous glands, and, in the final stages, reduces the conjunctiva to a dry, cuticular membrane.

Corneal opacities are the after-effects of both ulcers of the cornea and of pannus. A recent pannus, it is true, may disappear completely by a process of reabsorption, so that the cornea reacquires its normal transparency, but often further changes take place in the pannus, which render its disappearance impossible. Transformation into connective tissue occurs if the pannus is of long duration. Such a cornea never becomes perfectly clear again. This is true of cases in which the pannus is complicated by ulcers; the regions which are occupied by the latter likewise become permanently opaque. Trachoma is a disease which is distinguished by its duration, in many cases rendering those who are attacked by it wholly or half blind. Add to this the fact that because of its infectious nature it is exceedingly apt to spread, and one can understand why, in those regions in which it is endemic, it is a veritable scourge.

Treatment.—In the acute stages the application of silver nitrate until the secretion is lessened, and then of sulphate of copper (blue stone) as the condition demands more or less stimulation, will give the best results.

Dr. W. E. Lambert, opening the discussion, said that there is a great deal of uncertainty regarding the pathology of trachoma, as the bacillus has not yet been discovered. There is little doubt however, that it is contagious. The so-called various forms of trachoma are simply different stages of the disease. He differed with Dr. Connor as to treatment, stating that he was convinced by considerable experience that, in all cases in which granulations are present, the operation of expression gives the quickest and best results.

Renal Calculus.

Dr. J. A. Bodine showed a renal calculus which he had removed from the pelvis of the kidney of a patient 55 years old. For the past nine years the man had suffered from a dull, aching pain in the right loin. During the first two years this pain was characterized occasionally by acute exacerbations, which were so severe as to necessitate rest in bed and opiates for relief. During the past five or six years, however, these exacerbations lessened in severity and duration. He found that by lying down and raising his feet above the level of his head, the pain would disappear. His urine at no time showed kidney detritis or abnormality of any kind. A radiograph was taken, and showed accurately the presence of the stone. Its removal was very easy, and if, the speaker said, in all kidney work the placing of the patient in a prone position, over an air cushion, were taken advantage of, surgery of the kidney would be greatly facilitated. In this case when the kidney was withdrawn through the wound, the stone was felt

lying in the pelvis. An incision was made through the parenchyma of the kidney along its convex surface, sufficiently large to permit the introduction of a finger into the pelvis over the stone. Incision into the pelvis of the kidney offers greater liability of persistent urinary fistula, and unless such incision can immediately be sewn up, it is better to make the incision through the renal substance. This case demonstrated the fact that the primary renal calculus may remain for years in the pelvis of the kidney without exciting inflammatory changes in the renal tissue or causing abnormalities in the urine. The change in the acuteness of the exacerbations of pain was another proof that in primary stone in the pelvis of the kidney the danger and pain are in inverse ratio to the size of the stone.

Glass Removed from the Eye-ball.

Dr. W. E. Lambert showed a piece of glass which he had removed from the lens of a patient, preserving the eye-ball in a practically normal condition.

Fatal Throat Complication in the Convalescence of Typhoid Fever.

Dr. F. J. Quinlan said that he had been called to the New York Hospital, on the morning of January 5th, to see a physician convalescing from typhoid fever, then in his ninth week. Previous day his temperature had been normal. The night previous, following a slight cough, he developed laryngeal symptoms, such as hoarseness, which abated after a while, but increased again so much that dyspnea was alarming. The patient was in a very bad condition, almost unconscious and cyanotic, and it was at once decided not to intubate, but to perform a tracheotomy. This proved of only temporary benefit, as he died a short time afterwards. The speaker said that he had seen five such cases during the past five years. It seemed to be a vaso-motor disturbance of the mucous membrane. All the patients were adults.

Diagnostic and Prognostic Data in Nervous and Mental Diseases.

Under this title the paper of the evening was read by Dr. W. B. Pritchard. He said, in part: Diagnosis in neurology and in mental diseases demands consideration from two standpoints: general and specific. The issues in surgery are direct and relatively narrow, as in ophthalmology, dermatology, etc. The most intimate and essential relationship exists between nervous diseases and all other diseases. An old history of renal colic in a neurasthenic may prove the guiding factor in treatment. Auto-intoxica-

tion from a stomachic or intestinal deficiency is often the causative factor of a neurosis or a psychosis. The dependence of all bodily functions upon the integrity of the related nervous supply and action is conspicuously obvious. Hence the neurologist must be an evolutional development from the general practitioner. By collateral territory requiring consideration, I mean such factors as race, environment, temperament, occupation, age, sex, social and educational status, heredity, etc. Detailed study of the temperament is of special importance, and should always be made exhaustive, since the personal equation depends upon it, and an exact knowledge of the personal equation is often the determining factor in results. Neglect of this equation prevents a sympathetic understanding, lessens your patient's capital in confidence, and by so much diminishes your chances of successful results from treatment.

Environment is sometimes a significant factor. Neurasthenia is much more common among residents of the city than the country. This is true also of chorea, and since syphilis is a disease of the city, its sequential nervous manifestations are much more frequent in metropolitan practice. Age, sex and occupation are of especial etiological interest. Chorea, poliomyelitis, and to a less degree, perhaps, epilepsy, are all diseases of childhood. Posterior sclerosis, and its cerebral equivalent, paretic dementia, are diseases of adult life. Women tend to the minor, men to the major neuroses. Organic disease of the nervous centres is more common in males than in females. Neurasthenia and kindred affections are so peculiar to the cultured, educated classes as to appear almost a penalty. It is a waste of time to hunt for neurasthenia, except the traumatic form, in the uneducated laborer; the diagnosis would make a paradox.

The prognosis in nervous disease and the insanities is far better than is generally supposed. I believe the proportion of recoveries is as great as in almost any other specialty. Certain forms of nervous diseases are, however, hopeless. I have yet to know personally of recovery in general paresis, Landry's palsy or multiple sclerosis. Decided benefit may be obtained from treatment in tabes, in paralysis agitans and in epilepsy. The prognosis in neuritis and in neuralgia is nearly always favorable, although tic douloureux is often viciously intractable and sciatica obstinate. Excluding the tuberculous variety, more than 50 per cent. of recoveries occur in meningitis. The most discouraging cases of myelitis, especially when traumatic, may turn out well, and many hemiplegias, especially if syphilitic, recover. A syphilitic etiology favorably modified the prognosis in mental and nervous diseases except in tabes, general paresis and epilepsy. Among the insanities all of the non-organic type are recoverable, and the majority

give excellent and prompt results from treatment. A vicious heredity always makes worse the prognosis. The more anomalous the type in epilepsy, chorea and neuroses generally, the better, as a rule, the prognosis. Etiology is relatively unimportant in its bearing upon prognosis in many of the neuroses. Removal of the cause, to be effective in promoting cure, must be prompt, so prompt, indeed, as to almost precede a diagnosis. If allowed to continue, a vicious habit is induced, which persists in spite of the removal of the cause. This is an important fact to be borne in mind in estimating the prognosis in traumatic epilepsy, in reflex chorea and other neuroses, in various neuralgiæ and in certain monoparesis.

Dr. J. P. Tuttle, in opening the discussion, said that he wished to emphasize the influence of the digestive and intestinal tracts upon neuroses and psychoses. From time to time he had seen patients with delusions, manias, melancholia, etc., and his part of the work had been treatment of their intestinal conditions. Three cases of unconsciousness, followed by delusions, were due to fecal impaction, and the patients recovered after the putrefactive matter had been removed. He had also seen two cases in which the melancholia had been completely removed by opening up and draining the gall-bladder. Black bile is generally due to an infection of the gall-bladder and absorption of its toxic principles, and has something to do with making the patient "blue." He had seen a patient who had suffered from insomnia for two weeks, apparently without reason. His bowels had not moved satisfactorily for three weeks. He had had movements, but there was always an inclination to have further passage. Examination with the sigmoidoscope showed a mass which could not pass the sigmoid and rectum. Introductions of a 15 per cent. solution of peroxide of hydrogen removed the mass. The next night the patient slept perfectly, and his insomnia has apparently passed away.

Dr. D. S. Dougherty read the following report of a case of

Systemic Infection Through the Tonsil.

Patient, a girl, 20 years of age, previous health good; family history good; occupation, a fur worker. First seen May 4, 1901, complaining of sore throat, headache, pain in the muscles of limbs and back and feeling of general malaise. Temperature normal. Examination of throat showed mucous membrane of fauces and pharynx congested, right tonsil and peritonsillar tissues slightly swollen and edematous, having a darker hue than the surrounding tissues. Throat externally exceedingly painful to touch. Diagnosed as phlegmasia tonsillitis, with probable beginning peritonsillar abscess. Painted it with a 20 per cent. solution of nitrate

of silver, and gave one grain of calomel every hour for six hours, followed by a saline and 5 grains of salicylate of soda.

May 6th.—Temperature normal; pulse 80. Felt much better. General condition of throat much better, but right side still slightly swollen and inflamed.

May 9th.—Severe headache and pain in muscles, but especially in back of neck. Temperature 100.3 degrees F.; pulse, 120. Throat continued much the same, except that the peritonsillar tissue was of darker hue and more swollen. Suspecting pus, a puncture was made, but could find none, even on deep exploration. During the next two days the throat symptoms subsided, but the patient still complained of pain, headache, slight nausea and vertigo on lifting head. Temperature ranged from 99 to 100 degrees F. Took a couple slides of mucoserous exudation from tonsil. Took blood for Widal test.

May 13th.—Pulse ranged from 120 to 180; temperature 100 to 103 degrees F. Patient developed positive coma, muttering delirium and spastic condition of muscles of neck and back. Respiration was short and rapid, pulse feeble and jerky. Seen by Dr. A. R. Robinson, who confirmed the diagnosis of leptomeningitis. Was now administering bromides and morphine hypodermically; ice-bags and sponge baths.

Patient continued in this way until May 15th, with intervals of consciousness, when she complained constantly of photophobia and headache, and she developed a bad cough. Examination showed bronchial breathing over both lungs. Pulse 140, temperature 100 degrees F. Began small doses of strychnine sulphate.

May 17th.—Attention was called to white swelling on shoulder, which, on palpation, proved to be a large abscess in joint. This day administered antistreptococcic serum of board of health. Temperature fell slightly, and patient seemed to recover consciousness, but again relapsed into coma.

May 18th.—About a quart of pus evacuated by Dr. J. A. Bodine. Second dose of serum without results.

May 19th.—Evacuated abscess in right hip, and on May 21st in left hip. These abscesses were thoroughly drained, and washed daily with normal salt solution. Rectal enemata of normal salt solution were administered every four hours. Breath became fetid.

Until May 29th the patient continued in coma, with temperature from 100 to 103 degrees F.; pulse from 140 to 160, and respiration from 30 to 40, with periods of muttering delirium. On May 29th, physical signs of pulmonary edema; patient suddenly seized with a violent struggle to cough, evacuated through the mouth about half a pint of pus, and died.

THE AMERICAN CONGRESS ON TUBERCULOSIS FOR THE PREVENTION OF CONSUMPTION.

Dr. Charles O. Probst, of Columbus, Ohio, has been appointed a member of the Executive Council; Dr. Charles Wood Fassett, of St. Joseph, Mo., has been appointed fifth vice-president.

The next meeting will be held in St. Louis, Mo., U.S.A., July 18th to 23rd inclusive, 1904.

For the purpose of completing the organization of the International or World's Congress on Tuberculosis on strictly ethical lines, the following well-known physicians have been asked to serve on an Advisory Committee to assist the council in perfecting plans for the meeting. All have accepted, and a large number will be added to this list:

Drs. R. M. Reilley, surgeon-general U.S. Army; J. N. Hurty, secretary State Board of Health, Indiana; H. Beaumont, Small, secretary Canadian Association for Prevention of Consumption; George W. Webster, president State Board of Health, Illinois; A. G. Young, secretary Maine State Board of Health; J. B. Maxwell, Mt. Carmel, Ill.; Thomas F. Harrington, 128 Merrimack Street, Lowell, Mass.; Willis F. Westmoreland, Atlanta, Ga.; Henry D. Holton, president American Public Health Association; J. C. Shrader, secretary State Board of Health, Iowa; A. C. Bernays, St. Louis, Mo.; Irving A. Watson, president N. H. Medical Society; J. A. Egan, secretary State Board of Health, Illinois; P. M. Rixley, surgeon-general U.S. Navy; H. M. Bracken, secretary State Board of Health, Minnesota; J. Harris Pierpont, president Florida State Medical Association; Charles Hicks, president Georgia State Medical Association; W. A. Evans, president Chicago Medical Society; E. M. Reading, 6501 Kimball Avenue, Chicago, Ill.; J. B. Walker, Effingham, Ill.; H. H. Stone, Phœnix, Arizona; William Oldright, Toronto, Canada; Charles O. Probst, secretary American Public Health Association; Benjamin Lee, secretary State Board of Health, Pennsylvania; P. H. Bryce, secretary Provincial Board of Health, Toronto; Frank Paschal, secretary Texas State Board of Health; Manning Simmons, president South Carolina Medical Society; Dr. Donald Campbell, Butte, Montana.

The other committees will be named as soon as they can be selected. It is earnestly requested that the secretary be informed of the date of all meetings of medical societies, names of officers of same, and other information that would aid him in his work.

Respectfully,

George Brown, *Secretary.*

The Canadian Journal of Medicine and Surgery

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Clinical Surgery—ALEX. PRIMROSE, M.B., C.M. Edinburgh University; Professor of Anatomy and Director of the Anatomical Department, Toronto University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University.

Orthopedic Surgery—B. E. MCKENZIE, B.A., M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Surgeon to the Out-Patient Department, Toronto General Hospital; Assistant Professor of Clinical Surgery, Ontario Medical College for Women; Member of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Orthopedic Surgeon, Toronto Western Hospital; Member of the American Orthopedic Association.

Oral Surgery—E. H. ADAMS, M.D., D.D.S., Toronto.

Surgical Pathology—T. H. MANLEY, M.D., New York, Visiting Surgeon to Harlem Hospital, Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Gynecology and Obstetrics—GEO. T. MCKEOUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Newmarket, Ont.

Medical Jurisprudence and Toxicology—ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng.; Coroner County of York; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P. Lond.; Coroner County of York, Toronto.

Pharmacology and Therapeutics—A. J. HARRINGTON M.D., M.R.C.S.Eng., Toronto.

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D. Toronto, Physician Toronto Western Hospital.

Clinical Medicine—ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine Toronto University; Physician Toronto General Hospital, St. Michael's Hospital, and Victoria Hospital for Sick Children.

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Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

VOL. XIII. TORONTO, MAY, 1903. NO. 5.

Editorials.

THE SELF-DRUGGING HABIT AND THE NEWSPAPERS.

THERE is little doubt that the self-drugging habit is prevalent in Canada. The drug stores parade the newest styles in patent medicines; the advertising space in street cars and the dead walls proclaim their virtues, while their portrayal catches our eyes when we open the morning paper. Fashionable people, even ladies who would scorn to wear ready-made clothing, or shrewd ones who would not buy a property without legal advice, purchase a patent

medicine and take it as readily as they swallow the advertisement in which it is described. And yet they cannot disclaim all fear of imposition, if they wish to be taken for ordinarily clever people. Thus, many of the most frequently advertised nostrums are suspected of containing a large percentage of alcohol. Dr. Bumgardner (Transactions of the Colorado Medical Society, 1902) says that Greene's Nervura contains 17.2 per cent. alcohol, Hood's Sarsaparilla 18.8 per cent., Paine's Celery Compound 21.0 per cent., Burdock Blood Bitters 25.2 per cent., Ayer's Sarsaparilla 26.2 per cent., Warner's Safe Tonic Bitters 35.7 per cent., Hostetter's Stomach Bitters 44.3 per cent., and there are others. Some folks are unkind enough to say that the popularity these medicines enjoy depends on their alcoholic strength. From the recent action of the Canadian House of Commons in passing the Bickerdike resolution, which calls for the enactment and enforcement of a law prohibiting the importation, manufacture and sale of cigarettes, it would seem that our legislators are prepared, even at a financial loss, to remove one source of physical degeneracy from the path of the Canadian youth. Why stop there? Why does not Dr. Sproule or Dr. Roddick introduce a resolution calling for a law doing away with the importation, manufacture or sale of "*bitters,*" which have a greater alcoholic strength than any kind of beer, wine, or whiskey? The newspapers will certainly not take the initiative in such a reform, and it would be in every way suitable if the assault in the Legislature on patent medicines of a dangerous character were led by physicians who are in a position to know the pathologic effects of such preparations.

The self-drugging habit is fostered by the newspapers. On the railway train, by the fireside, during the winter evenings, the daily or weekly newspaper is conned over, not omitting the advertisements. There is the young daughter of the house, who has gastro-intestinal dyspepsia from hepatic insufficiency. Being pale and anemic, she is treated to Pink Pills. Noting the representation of a naked athlete decorated with a flaming belt and in the act of bounding over a jumping-bar, papa recalls that he himself is not so vigorous as he used to be, or fears that the supply of energy in his stomach is not sufficient to dispose of what he puts into it, and accordingly he invests in an electric belt. Besides, the

newspapers kindly give medical information to the ladies, showing them how they may be relieved of menstrual irregularities and painful periods. There are kidney pills, warranted to cure backache, sideache, diabetes, Bright's disease, etc.—and Paine's Celery Compound, the alcoholic strength of which we have quoted, which is advertised in leading papers to tone up "the run-down and shattered systems of invalids with uniform success."

It is clear, therefore, to anyone who stops to think, that the all-pervading influence of the newspaper is put at the service of the advertising quack for a monetary consideration, and that people, already prone from natural inclination to indulge in self-drugging, are induced, by deliberate misrepresentations in newspapers, to buy useless, or even dangerous, preparations. Is it not a monstrous appeal to ignorance, when an advertiser claims that a kidney pill can cure diabetes His pill would, forsooth, do away with the carefully regulated diet, which everyone knows of. The patient may eat starch or sugar just as he wishes. Surely the public deserves to be protected from errors of this kind. Why should the law compel the physician to give guarantees of knowledge before admitting him to practise or fine an unqualified practitioner for giving MEDICAL ADVICE, and allow *carte blanche* to the advertising quack?

Individual physicians cannot struggle against the press; the Ontario Medical Council can do so with a greater chance of success. There is analogy for such a course. Recently during an interview between the Ontario Government and representatives of the Congress of Trades and Trades Unions, a resolution was read by the latter body, "urging legislation prohibiting the repapering of walls and ceilings without removing the old wall paper, which was a menace to public health, breeding germs of every conceivable disease." Hon. Mr. Stratton, who is charged with the Ontario Health Department, promised that something would be done in this matter. We will admit, for argument sake, that there is a health question involved in the matter referred to, but, at all events, it is clear that the painters and decorators have had representations laid before the Ontario Government, which may lead to a limitation of the liberty of a citizen in repapering his rooms, compel him to spend more money than is necessary, and inure to the financial benefit of the tradesman who does the job.

The lesson we wish to inculcate from this resolution and its treatment by the Ontario Government is, that if it is right for the Congress of Trades and Trades Unions to ask Hon. Mr. Stratton to inquire into the hygienic influence of papering walls without stripping them, why should the Ontario Medical Council hesitate to ask him to put down the mendacious and injurious advertisements appearing in the daily papers? With what face could the physicians on the Provincial Board of Health ask owners to desist from repapering the walls of apartments without stripping them, and yet condone, extenuate, or, perhaps, laugh at highly-paid-for advertisements in respectable newspapers, which strongly recommend the sale of pills guaranteed to cure diabetes? J. J. C.

PRESERVATIVES IN FOOD.

The use of preservatives in food is discussed in a memorandum forming part of Bulletin No. 83, issued from the laboratory of the Inland Revenue Department, Ottawa, and special reference is made to the evidence taken by a departmental committee of the British Parliament upon the subject of food preservatives. From the evidence brought before the British committee, it would appear that of the 4,251 food samples examined for the committee in the government laboratory, 1,659 samples, or 39 per cent., were found to contain preservatives, as follows:

Boric acid	1247	samples.
Salicylic acid	320	"
Formalin	20	"
Sulphites	143	"

Preservatives are stated to be extensively used in certain foods imported into the United Kingdom from the colonies and foreign countries, especially in butter from Australia and ham and bacon from Canada, and in butter and margarin from France, Holland and Belgium. Of the temperance beverages received from all parts of the United Kingdom, 83.5 per cent. of those sold as temperance wines and cordials contained preservatives, chiefly salicylic acid, and to a less extent sulphites.

Mr. Vasey, who has been employed for upwards of ten years to examine foods and beverages, on behalf of the *Lancet,* stated that he had found boric acid in meat peptone and beef jelly intended for invalid use, and that practically all the samples of

invalid foods which he had occasion to analyze, contained chemical preservatives.

Dr. Voelcker testified from personal observation to the casual and hap-hazard manner in which farmers and venders add preservatives to milk. The evidence given to the British committee by physicians, many of them of world-wide renown, clearly indicates that their opinions were conjectural, and did not repose on the solid basis of experiment. In 1902 experiments were instituted at the Imperial Health Office, Berlin, in order to settle this question.

A very interesting series of experiments has recently been inaugurated at Washington, D.C., under the management of the Bureau of Chemistry, of which Dr. H. W. Wiley is chief. About a dozen young men of scientific training have volunteered, and will be divided into two equal lots, one of which will eat preserved food, while the other will receive only food that is known to be pure. The conditions will be controlled as carefully as possible, and the presence of nitrogen, phosphoric acid and energy, expressed as heat of combustion, will be determined. The preservative used will be determined in the food, as well as in the excrement and urine, and careful observations will be made daily regarding the physical conditions of the men. A "clinical" sheet will be kept for each man.

Writing us from Washington, April 4th, 1903, Dr. Wiley says: "Our experiments on the effects of preservatives and coloring matters on the health of the consumer have not been prosecuted far enough to make a report. It will probably be several months before the first of these reports is issued. I will, however, take pleasure in sending you a copy as soon as it appears."

The report of the Washington committee will be looked forward to with much interest by the medical profession, manufacturers, and the general public. J. J. C.

DR. JAMES H. RICHARDSON'S JUBILEE.

"Delighted, I assure you" was repeated often enough on Wednesday evening, April 15th, to make even inimitable "Teddy" Roosevelt feel proud of the popularity of his heartily-voiced and favorite form of expression. More than one hundred pupils,

many from other points in Canada, sat down to a dinner given in honor of Dr. James H. Richardson, their old teacher in anatomy, who for almost half a century has unearthed the skeleton in the cupboard, but, of course, only in the interests of science, for the training of the young medicals in Pat's component parts, so that later on, if they find they cannot tie him together, surely they shplice him!

The dinner was an immense success. Mr. Irving H. Cameron was chairman, and called upon Prof. Ramsay Wright, in

DR. JAMES H. RICHARDSON.

the absence of a clergyman, to officiate, which he did by asking grace in the Latin tongue.

McConkey, as usual, gave complete satisfaction in the appointments and serving of the dinner, crimson carnations and candle-shades giving a warm note of color. The menu card was set up like a souvenir programme, bearing on the outside a half-tone, taken from a photograph of the oil portrait of the guest of the evening.

The toasts were really so well proposed and responded to that they might easily be termed after-dinner speeches. Mr. Irving

Cameron's toast to "The King" was given in his usual dignified, Latin-besprinkled style, and we only regret that we have not the space at our disposal to report it in full, as we will not do this scholarly physician less than the graceful justice of completeness. Then came the pleasant duty of unveiling the portrait of Dr. Richardson, and its presentation to the University of Toronto on behalf of his old pupils by one of them, Dr. G. S. Cleland, of Toronto. Dr. Cleland's remarks were well chosen in the extreme, after which the painting was formally accepted on behalf of the University by Vice-Chancellor Moss.

The toast to "The University" was proposed by Dr. Thomas S. Cullen, now of Baltimore, Md., but whom with pleasure we still claim as our own "Tommy," Toronto. Response was made by Principal Loudon.

The toast of the evening, to "The Guest of Honor, Dr. James H. Richardson," was proposed by Mr. Cameron, in a manner hardly to be excelled. The old Professor, in replying, seemed almost overcome for the moment by the enthusiastic salute of handkerchief and cheer, and showed every "symptom" of being pleased beyond measure at the expressions of esteem from so many of his old pupils. He spoke of his early life, much of which we have related in an article on another page of this issue of the JOURNAL, and his speech was a chain of pleasant memories to him; but, to all who listened, it seemed the tale of a long day's work well done, and was an inspiration to every one to make life not all "a having and a getting—but a being and a becoming."

W. A. Y.

EDITORIAL NOTES.

The Implantation of Dead Bone in Contact with Living Bone.—In a communication made to the Academy of Sciences, Paris, February 16, 1903, Drs. Cornil and Coudray gave the results of their studies on the implantation of a button of dead bone in the gap made by the trephine in the cranium of a dog. In a preceding communication these gentlemen had shown that a button of live bone, trephined from a dog's cranium and immediately replanted, was almost quite reabsorbed in three months and replaced by new bone tissue. According to them, when a piece of

dead bone is used, it becomes quickly surrounded by a thick, fibrous capsule, but takes very little part in what goes on around it. In eight days one may observe at the edge of the ring of bone from which the button has been cut, and at its posterior surface, between it and the dura mater, a new formation of bone. A good deal more new bone appears in these parts, in eighteen and thirty-five days; but the button of dead bone, surrounded by its fibrous capsule, is, at these periods, not yet attacked, neither lacunæ nor giant cells being observable at its borders. In six months the button of dead bone has undergone a partial fragmentation at one of its sides. The osseous neoformations observed at the beginning of the process diminish a good deal in importance and are partly replaced by rows of fibrous bands. At certain points near the dura mater the osseous cells of the osteoblasts are seen to be changed into branched connective tissue cells. The dead bone behaves almost as though it were a foreign body. The reporters think that ultimately fragmentation of the bone may take place, but at the sixth month its reabsorption was scarcely at all noticeable.

Unfermented Grape Juice.—As unfermented grape juice is commonly used as a beverage, it may be desirable to know if any antiferment is added to it to give it keeping qualities. We have received "Bulletin No. 82" from Mr. Thomas MacFarlane, chief analyst, Inland Revenue Department, Ottawa, in which appear analyses of fifteen samples of unfermented grape juice, nine having been found genuine, and six containing salicylic acid as a preservative. The analyst also shows, by his own work, that samples of unfermented grape juice, sold in various parts of Canada, do not contain salicylic acid, and the inference is plain, that manufacturers who are in the habit of using this preservative should desist from such a practice, and, in future, preserve their goods by sterilization alone. It does not appear that in Canada deleterious results have been traced to the use of unfermented grape juice containing salicylic acid, and it may be that the quantity of the drug employed by the manufacturer is usually quite small—and therefore harmless. Mr. MacFarlane does not mention the quantity of salicylic acid which is found in any of the samples in which it was present. However, as unfermented grape juice is a popular beverage, and as its keeping qualities can be maintained by sterilization,

the use of salicylic acid or other preservative, even in small quantities, is objectionable. If a preservative is used in unfermented wine, its name and the quantity employed should be mentioned on the label of the bottle.

Syphilis the Cause of General Paralysis.—Researches carried out in the Pathological Laboratory of the London County Asylums by the Director of the Laboratory, Dr. F. W. Mott, and published in the first volume of the "Archives of Neurology," go to show the all-important part played by syphilis in the production of general paralysis. In the second volume Dr. Mott supports the view that tabes dorsalis is etiologically identical with general paralysis. This doctrine of the unity of tabes and general paralysis is admitted by most of the leading authorities in England, and the majority of the leading neurologists in England and Germany believe that syphilis is the chief factor in the causation of polymorphic disease. Assuming Dr. Mott's thesis to be proved, physicians should urge legislators to enact laws for the repression of syphilis, thereby forestalling the erection of asylums for tabes and general paralysis. Syphilis, being a communicable disease, is preventable. As the reviewer of Dr. Mott's report in the *British Medical Journal* says: "Here we can only sorrowfully echo our present sovereign's still unanswered question with regard to typhoid fever and other 'preventable' diseases: If preventable, why not prevented? This is a question which ought to enlist the best efforts of physicians, hygienists, philanthropists, or, in fact, any who love their kind, and strive for the improvement of the race, and particularly the prevention of 'preventable' diseases."

Alcohol as a Food Compared with Fat and Sugar.—Dr. H. Roger, of Paris, in an article published in *La Presse Medicale,* March 4, 1903, asks "if there is anything useful to be gained by using a combustible, which, for equal weights, does not produce more calories than some other substances, yet which costs more than they do, and spoils the motor rapidly, or which, if the dose be large, provokes dangerous diseases and irreparable lesions in the body? There can be no doubt about the answer to this query. Dr. Roger acknowledges that alcohol is a food, the same as any substance whatever which can supply calories, but he considers it a costly and a dangerous food. He suggests that, if French people would take a little more butter and sugar at their meals, they

could, without any fear of the consequences, give up the use of alcoholic beverages. The calorific power of butter or cream is universally recognized; that of sugar is not so well known, although all children have an instinctive craving for it. We notice that the supporting power of sugar has been recognized by the medical authorities of the German army, and during a forced march each soldier of that army is supplied, in addition to his ordinary rations, with a few lumps of sugar. The results to the soldier are said to be excellent. As a producer of calories, sugar has many of the advantages and none of the disadvantages of alcohol.

Purification of Potable Water by Means of Ozone.—A German Imperial Sanitary Commission recently undertook at Berlin a series of experiments in order to show the effects produced on potable water by the use of ozone (Arbeiten aus dem Kaiserlicken Gesundheitsamte, 1902 t. xviii, fas. 3). The following results were obtained: (1) Ozone destroys a notable quantity of the microbes in water; its purifying action is more energetic than that of the filtration of water through sand. (2) Ozone kills the bacilli of cholera and typhoid fever. (3) From a chemical standpoint, water is influenced by ozone in this sense, that its power of being oxidized is diminished, and the quantity of free oxygen it contains is increased; these two modifications contribute to the improvement of the water. (4) The ozone, which is dissolved in water during its ozonization, is harmless, both from the technical and the hygienic standpoints, because it is soon changed into oxygen. (5) Ozonization improves water by destroying coloring matters, which may be present in it. (6) Neither the taste nor the smell of the water is changed under the influence of ozone.

Lead Colic in the Diagnosis of Appendicitis.—Two apprentices to a jeweller in Paris recently contracted lead poisoning in a peculiar way. They were engaged in setting pearls on gold mountings, and, in order to prevent the gold from showing through the pearls, which would alter the whiteness of the stones, they interspersed white paste, made of gum arabic and white lead. They contracted the bad habit of removing the overplus of paste from the gold mountings with the tongue, and so contracted lead poisoning. It seems that lead poisoning was not suspected in their cases, but, on account of the severe abdominal pains they complained of, it was supposed they had appendicitis. One of the apprentices was

operated on for appendicitis, but his appendix was found to be quite healthy. It would seem, therefore, that in making the diagnosis of appendicitis, it is necessary, among other signs, to look for the blue line on the gums.

Remote Results of Symphysiotomy.—Dr. Fissier, of the Fontenay-aux-Roses Asylum, reported to the Obstetrical Society of Paris, February 19th, 1903, that he had noticed the occurrence of unsatisfactory results in patients who had undergone the operation of symphysiotomy. In twenty such cases only four had recovered completely. Sixteen suffered from different disorders, particularly difficulty in walking, and also from persistent disorders of the urinary organs (ten cases of incontinence of urine); all of which would go to explain the reasons why many accoucheurs, who, a few years ago, regarded this operation with favor in cases of dystocia, have now given it up. J. J. C.

PERSONALS.

Dr. Helen MacMurchy has removed to 133 Bloor Street East.

Dr. Albert A. Macdonald is thinking of moving on to St. George Street.

Dr. J. Algernon Temple has removed to his new residence, No. 333 Bloor Street West.

Dr. F. N. G. Starr spent a couple of days last month with his friend, Dr. Raikes, of Midland, Ont.

Dr. J. M. MacCallum is thinking of adding his worthy self to the rapidly growing number of automobilists.

Dr. G. P. Sylvester returned about three weeks ago, after spending some weeks in and around the New York hospitals.

Dr. E. Herbert Adams, who has been suffering from an attack of diphtheria, contracted while attending a malignant diphtheria patient, has recovered, and will resume practice in a week or so.

A special meeting called by the Mayor to discuss the vaccination law was held in St. Andrew's Hall on April 9th. Special

invitations to be present were sent to Dr. Sheard, Medical Health Officer; Dr. Geikie, Dean of Trinity Medical College, and Dr. P. H. Bryce, secretary of the Provincial Board of Health.

Dr. E. Herbert Adams has received a letter from his brother, Dr. William F. Adams, late of Toronto, who is about to locate at Kiating, Province of Sz-Chuen, Western China. At the date of writing, January 29th, the doctor was on a houseboat, one thousand miles up the Yang-tse-kiang River. He has been engaged as a medical missionary by the Canadian Methodist Missionary Society, and it was his original intention to settle at Chen-tu, the capital of Sz-Chuen, but a suitable house could not be obtained there. Dr. Adams says nothing in his letter of the Boxer movement, nor does he appear apprehensive of any danger from them.

The firm of Reed & Carnrick, Jersey City, N.J., are to be congratulated upon a recent pamphlet issued by them containing several colored plates, showing the muscular system of the human body, as viewed from the front and back, and a similar section of the chest and abdominal cavities, showing the relation to one another of the different organs of the body (front and back), as also a large part of the arterial and venous systems. The plates are splendidly executed, and are most correct, the delicate coloring adding to their appearance and value materially. Physicians can secure a copy of the pamphlet by addressing the firm.

Dr. Holford Walker's private hospital on Isabella Street, in this city, has for months now been "full up," or nearly so. This institution has for several years numbered among its inmates patients sent for treatment to Dr. Walker by members of the profession all over Canada, and the hospital is now known as one of the most up-to-date and best-managed institutions in the province. The profession may always rest assured that any patients referred there will receive the best of care, the medical superintendent being always jealously careful of the interests of those referring cases to him. To his having pursued that path can be attributed entirely his success in the past.

Obituary

THE LATE DR. GILBERT GORDON.

As our April journal went to press our esteemed confrere, Dr. Gilbert Gordon, was still lingering between life and death, and his friends were hoping against hope, but, like many another, after a brave fight for life and all that medical skill and change of climate could do, he entered into rest on the morning of March 28th.

Gilbert Gordon was born in "Indian Lands," Glengarry County, December 24th, 1858. His early education was received in the "Little Log School" there till 13 years of age, when the family removed to Oxford County, chiefly for better educational advantages, where for two years he attended the village school at Harrington. In 1873 he, with Charles—"Ralph Connor"—entered the High School in St. Mary's, Ont., which he attended for four years (matriculating in 1877 at Toronto University), and having as masters such distinguished men as Mr. John E. Hodgson, Toronto, then classical master, and now inspector of high schools and collegiate institutes; Mr. John E. Thom, Seaforth, public school inspector, Huron County; Mr. James McMurchy, late principal Harriston Collegiate Institute; and Prof. Dale, of Toronto University.

He then taught a rural public school in Mitchell district for two and a half years, when he entered the University, taking the Natural Science course, graduating four years later, when he entered Upper Canada College as resident master, under the late Principal Buchan, and the late Mr. Martland, during which time he began and completed his medical course at Trinity Medical College. For some years past Dr. Gordon occupied a position on the Faculty of Trinity Medical School.

Dr. Gordon died at Baltimore, Maryland (whither he had been removed from Old Point Comfort, Va.), surrounded by those he loved best on earth, his wife and his brothers, Dr. Andrew Gordon

and Rev. Charles Gordon. They accompanied his body home to Toronto, and the impressive funeral services took place from the Bloor Street Presbyterian Church, of which he was an elder. More than eight hundred persons, including many of the prominent Toronto physicians, personal friends, and old patients, assembled to show their love and respect to the one whose quiet, good life and unswerving devotion to duty made him as man and physician worthy of universal appreciation.

Soon after acquiring his medical degree he married Miss Minnie Wilson, the youngest daughter of Mr. and Mrs. William Wilson, of "Edgewood," College Street. When scarcely more than a bride, his young wife died, leaving him a tiny daughter. After some years had elapsed, Dr. Gordon married a Miss Taylor, daughter of Sir Thomas and Lady Taylor. Mrs. Gordon and her children have the very sincere sympathy of a large circle of personal friends, and of all physicians, who now cherish as a lasting memory his genial and courteous friendship. W. A. Y.

The Weight of the Brain.—Sir James Crichton Browne, lecturing the other day, gave it out with the weight of his opinion that the mass and weight of the brain were the most important criteria of intelligence. Although mind and matter had no relation to each other as cause and effect, they were, in the brain, invariably in definite union with each other. The growth of the brain was indicative of mental activity, and the failure of mental faculties was a measure of the decay of the brain. Close attention or active exercise of the thoughts caused a rise in the temperature of the brain. The heaviest organ of the body, next to the liver, the brain of the average male European, weighed 49 ounces, and of the female four or five ounces less. There was necessarily a relation between brain bulk and body bulk, and hence it was found that the taller races were generally the most intellectual, which the lecturer sought to demonstrate by this table:

Nationality	Average Stature.	Brain Weight.
Scotch	5 ft. $8\frac{3}{4}$ in.	50 oz.
English	5 ft. $7\frac{1}{2}$ in.	49 oz.
German	5 ft. $6\frac{1}{2}$ in.	48.3 oz.
French	5 ft. $6\frac{1}{4}$ in.	47.9 oz.
Hindu	5 ft. $1\frac{3}{4}$ in.	45 oz.
Aboriginal Australians	5 ft. $\frac{1}{4}$ in.	42 oz.
Bushmen	4 ft. $2\frac{3}{4}$ in.	35 oz.

Although the size of the brain indicated mental power it was only one of the conditions.—*London Leader.*

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

RE THE MENTAL INVALID—A PLEA.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR SIR,—The timely article in the March issue of your journal, referring to the overcrowding in the Ontario asylums and the inhuman treatment of the insane poor, should touch a tender chord in the breasts of those who in spite of repeated associations with such conditions have not grown callous to the appeals of mental suffering, and to the demand, in the absence of scientific treatment, for the adoption of at least a measure of mercy in dealing with this most pitiable invalid class. Why in the management of the insane should all therapeutic principles, all recognized methods of medical and surgical assistance be apparently forgotten, and the mentally sick be subjected to treatment characteristic of the ignorance of a century ago is an enigma, and a condition that should cause our profession to blush with a sense of its own indifference or ignorance. Is it not high time that we apply to this invalid class the well-tested methods of modern medicine instead of surrounding these sufferers with an environment that can but intensify the mental abnormality, with no attempt to remove or eliminate the underlying physical disease? What can be the effect of the stone walls and iron bars of a city "lock-up" upon a sensitive, irritated, nervous system, but to intensify and prolong abnormal psychic action? A mere glance at the psychology of asylum commitment is sufficient to remind the thoughtful observer of the "devil-possession" period and reveals a condition not entirely consistent with our much-vaunted professions of humane treatment of the sick poor.

But mere fault-finding will not alter conditions. We must be constructive in suggestion, after having been destructive in criticism. The suggestion I have to make in this direction may involve some additional legislation *re* the commitment of lunatics, but that would follow the demand by the profession for the adoption of the process which I outlined in an article published recently in the *Medical Sentinel*, Portland, Oregon. I am, etc.,

Victoria, B.C. ERNEST A. HALL.

News of the Month.

SEPTIC TANK SYSTEM OF SEWAGE DISPOSAL FOR TORONTO.

The defeat of the proposed septic tank system of treating sewage in the eastern section of the city has but emphasized the unsatisfactory sanitary condition of that district. The territory east of the Don as far as Leslie Street has fairly good sewerage. This is the limit of the Queen Street sewer, with the exception of a box drain near the Woodbine, which is laid on Ashport Street, south to Queen Street, then west a short distance to Knox Avenue, thence to Ashbridge's Bay. A petition has been received for the extension of the latter sewer east on Queen Street for 200 feet to accommodate occupants of new houses erected in that locality. There are very few dwellings in the immediate vicinity of the Woodbine track to the west and north, but east of Woodbine Avenue to Balmy Beach, and between the city limits on the north and the lake there is a large resident population all the year round. This popular and thriving locality, however, is absolutely without any modern system of drainage. Only the most antiquated accommodation is afforded. This is a growing menace to the health of the community, and, as Dr. Sheard points out, must be dealt with seriously in the near future, and from a broader standpoint than has marked the consideration of the subject in the past.

Dr. Sheard, Medical Health Officer, when spoken to on the subject recently, said: "Regarding the proposal to place septic tanks at the foot of Woodbine Avenue, or near it, as a method of solving the sewage disposal problem in that section of the city, I regret the work is not going to be proceeded with. I think the residents would have found the septic tank system highly satisfactory.

"The difficulty of drainage in that locality appears to be an insufficient fall to the sewer, and the constant likelihood of the mouth of a sewer being blocked by sand, gravel and other accumulations washed in by the lake. It is not possible, in my judgment, to remedy this.

"If sewers were extended, this would not overcome the difficulty, and, moreover, the sewage deposited at considerable distance in the lake would wash back and foul the beach. As the

latter is used by a great many citizens for summer resort purposes, this arrangement will not prove satisfactory.

"Some other method, in consequence, has to be devised, and, naturally, the one suggested is the treatment of the sewage by the septic tank process, which, though expensive, has been fairly satisfactory, and it would have furnished a good illustration of the possibility of the process as applicable to the sewage treatment of the entire city.

"The absence of proper drainage in the locality will furnish a reason for the improper disposal of slop and excreta upon or in the ground of the locality, which in time will pollute the soil to such an extent that a proper sewage system for the district will become an imperative necessity. The longer it is delayed the less opportunity for preserving a good sanitary condition.

"The soil there is marshy, and in many places boggy. It has been saturated at various times with surface overflow, and is in good condition to be more polluted by continued organic deposit, which is a matter of considerable concern to those who use the locality in hot summer weather for their family outing.

"Moreover, a perfect sewage system would effectively remedy the evil caused in the spring and fall by rainfall and flood, which more or less injures the roads, and makes those near the lake front at times impassable.

"I can quite sympathize, however, with those who own large tracts of land, for the most part unremunerative and highly assessed, not wishing to have a still greater burden upon them. This is one of the evil results of the local improvement system.

"I do not think any system of sewage disposal by common sewer or sewer extension can be devised which will give satisfaction or be other than a continued trouble, and reflect discredit upon any tentative measure of relief.

"I am strongly of the opinion that those interested would best serve their own interests by a careful reconsideration of the subject in all its bearings, with a view of so adjusting the cost of the work —which is the real sticking point—as to fairly distribute the necessary expenditure among those to be benefited thereby."

TORONTO UNIVERSITY CONVOCATION HALL FUND.

All subscriptions to the University of Toronto Convocation Hall which have been received up to date amount to $32,734. The committee of the Alumni Association is much gratified by the encouraging response to its request for assistance in this laudable object from the graduates and friends of the Provincial University. The erection of a convocation hall is now assured. The sum of

$50,000 must be raised, and subscriptions are given upon that condition. A building affording suitable accommodation cannot be erected for a smaller sum. Only some $17,000 of that minimum amount is still lacking. The committee earnestly request that the graduates and friends of the University who desire to help in the undertaking will send in their subscriptions at the earliest possible date. It is hoped that the above minimum may be largely exceeded, and that it will be thus possible to erect a more commodious and handsome building.

No feature of the subscription list is more pleasing to the committee in charge than the enthusiastic co-operation of the undergraduates. The distribution of the subscriptions to the fund so far is indicated by the following analyses:

First analysis—Members of the different faculties of the University of Toronto, $6,597.50; graduates, undergraduates and friends of the University resident in Toronto other than members of the faculties, $18,227; graduates, undergraduates and friends of the University outside of Toronto, $7,909.60; total, $32,734.10.

Second analysis—Graduates of the University of Toronto in all faculties, $18,028. Undergraduates—Arts, $2,871; applied science, $995; Harmonic Club, $50; friends of the University other than graduates and undergraduates, $10,790.10; total, $32,734.10.

The different years in Arts and Medicine have contributed to date as follows: 1854, $25; '57, $150; '59, $200; '60, $225; '61, $55; '62, $520; '63, $390; '64, $25; '65, $20; '66, $300; '67, $150; '68, $100; '69, $35; '70, $175; '71, $85; '72, $275; '73, $2,220; '74, $300; '75, $25; '76, $495; '77, $75; '78, $1,100; '79, $275; '80, $500; '81, $250; '82, $800; '83, $395; '84, $325; '85, $170; '86, $680; '87, $343; '88, $370; '89, $556; '90, $150; '91, $272.50; '92, $1,033; '93, $505; '94, $160; '95, $544; '96, $245; '97, $213.50; '98, $262; '99, $400; '00, $166; '01, $53; '02, $190; '03, $625; '04, $766; '05, $858; '06, $637.

The undergraduates in applied science have contributed by years as follows, 1903, $170; 1904, $230; 1905, $295; 1906, $300.

Subscriptions should be forwarded to Dr. J. C. McLennan, Dean's House, University of Toronto.

The King's Sanatorium.—The site selected for the King's Sanatorium for Consumptives is close to Hindhead Common, and about two miles from Haslemere. It is a fine stretch of well-wooded land at an elevation of six hundred feet, and comprises 125 acres. The building will have 100 beds, mostly allotted to necessitous patients. A few beds will, however, be set apart for paying patients at a cost of about £5 a week.

X-Ray Outfit Cheap.—A new Static X-Ray machine never used will be sold at just half what it cost, $65, free of duty. It is now in Montreal. Address B. R. Lyster, Lyndonville, Vermont.

Polk's Medical Register.—The eighth revised edition of this well-known work is now under way, and will appear in due time. Send for descriptive circulars, and do not be deceived by imitators. Polk's Medical Register and Directory has been established sixteen years. R. L. Polk & Co., Publishers, Detroit, Mich.

The Toronto Western Hospital.—The managers of the Toronto Western Hospital are making arrangements for the erection of a large addition to the building, which will accommodate in the neighborhood of seventy-five patients, furnishing a very excellent arrangement of private and semi-private wards. During March 83 patients were admitted and 101 discharged, leaving 73 in the institution at the end of the month.

To Abolish Secret Remedies.—A bill has been introduced into the Pennsylvania Legislature providing that proprietary and patent medicines shall bear on the label a copy of the formula, including the several ingredients and the quantities of each. The bill provides, also, that none but a regular graduate of pharmacy properly registered under the laws of the State may prepare such medicine. Violation of the act renders one liable to a fine of $1,000 and imprisonment for one year, or both, one half the fine to go to the informer.

Ontario Medical Association.—The 23rd annual meeting of the Ontario Medical Association will be held in Toronto, June 16th, 17th and 18th, 1903. Any member desiring to read a paper will kindly forward the title to the secretary by May 15th. Papers must be in the hands of the committee by May 31st. Fifteen minutes are allowed for the reading of a paper. If too long to be read in this time, an abstract may be presented. Dr. W. P. Caven is chairman of Committee on Papers and Business, and Dr. Harold C. Parsons is general secretary, his address being 72 Bloor Street West.

A Banquet to Sir James Grant.—A banquet was recently given to Sir James Grant, K.C.M.G., on the occasion of his jubilee as a physician in Ottawa. Sir James has frequently been asked to write his reminiscences, for, having been physician to the Governor-General of Canada for some thirty-five years, he has a rich store of memories. Sir James has been received with the greatest distinction when in England, her late Majesty Queen Victoria sending for him to pay her a visit when at Balmoral, and giving him the honor of a private interview. When in London last summer, one of the best seats at the coronation in June was reserved for him.

Dr. W. H. Drummond in Toronto.—The announcement that Dr. W. H. Drummond, author of the "Habitant" and "Johnny Courteau," was to give an evening of descriptions and readings in Massey Hall, on Thursday, April 23rd, was received with great interest. Dr. Drummond described the impressions of a habitant who crossed the ocean and visited England for the first time last summer at the time of the coronation. There were charming selections from Dr. Drummond's new works, and the favorites already published. During the past winter Dr. Drummond has lectured with great success in New York, Brooklyn, and Philadelphia. In New York he gave no less than ten lectures.

To Prevent Infection.—A practical and helpful series of rules for the sanitary management of contagious and infectious diseases has been prepared by the Palisade Manufacturing Company, of Yonkers, and issued in pad form with cover. It is intended that when called to a contagious case the physician shall sign and hand to the attendant one of these printed sheets of "Precautions to be observed by patient, family and attendants." This series of rules, couched in plain, every-day English, has been carefully prepared, and the information given is accurate and up-to-date. The delivery of such a signed code of instructions not only impresses the family favorably, but also relieves the physician of all responsibility should any of the necessary precautions be omitted. The advertising of Borolyptol is so arranged that, if the physician desires, he can detach all reference to the preparation before handing the directions to the family. One of these pads (thirty-two sheets) will be mailed to any physician who may apply for same.

Trachoma in New York.—The health authorities are at last waking up to the necessity of dealing with trachoma, which threatens to become a scourge in the schools. According to the examinations made by the officers of the Board of Health of over 50,000 school children, one in every eight has some contagious eye disease, some schools showing one child in every four. Out of 6,690 children excluded from school because of contagious eye diseases, 5,571 were found to have trachoma. To meet this state of affairs the Health Department Eye Hospital and Dispensary was opened. From Dec. 17 to Jan. 20 this hospital treated 3,591 new cases of trachoma. Can anything more appalling than this be conceived of. This remarkable spread of trachoma is due to the incoming of the European immigrants, rich in trachoma, if not in this world's goods. The United States refuses entrance to many of these people, who then enter Canada without let or hindrance. This menace to public health demands prompt action on the part of the authorities, lest we, too, awake too late to a condition of affairs as bad as that in New York.

The Physician's Library.

BOOK REVIEWS.

The Internal Secretions and the Principles of Medicine. By CHARLES E. DEM. SAJOUS, M.D., Fellow of the College of Physicians, Philadelphia; Member of the American Philosophical Society, the Academy of the Natural Sciences of Philadelphia, etc.; Knight of the Legion of Honor and Officer of the Academy of France; Knight of the Order of Leopold of Belgium, etc.; formerly Lecturer on Laryngology in Jefferson Medical College, and Professor of Laryngology and Dean of the Faculty in the Medico-Chirurgical College; formerly Professor of Anatomy and Physiology in the Wagner Institution of Science. Volume I., with forty-two illustrations. Philadelphia: F. A. Davis Company, Publishers. 1903.

So much attention has been paid of late to the use of the adrenals in therapeutics, that a theory, which offers to explain the functions of these glands in a living body of which they form a part, naturally excites curiosity. In a work the first volume of which is now before us, the author, Dr. Sajous, gives very fully his views on the physiology of the adrenals. He claims, that the function of the internal secretion of these glands comes into play in the pulmonary alveoli, in which it holds in combination the constituents of hemoglobin, and endows the latter and the blood plasma with their affinity for oxygen. Following the route of the circulation, this agent is carried to the various tissues of the body. Oxygen, it is said, reaches the tissues finally thorough the blood plasma, and not through the red blood corpuscles, the latter acting the part of "mule carts" to bring the oxygen to the vicinity of the nervous, muscular and other tissues, the finishing touches in nutrition being the work of the plasma. This is an endeavor to explain tissue respiration, the means by which oxygen combines with tissues in the living body and the means by which the metabolism of living tissues is produced.

The author also endeavors to discover the functions of other ductless glands, viz., the thyroid gland, the spleen, the pancreas. Thus, he says, the joint secretion of the pancreas and spleen contains a proteolytic ferment, which converts trypsinogen into trypsin and also destroys toxic albuminoids in the blood, thereby assisting in immunizing processes.

As the adrenals are directly connected with the anterior

pituitary body through the solar plexus, the splanchnic nerves, and the cervico-thoracic ganglia of the sympathetic, the author thinks that the functional activity of the anterior pituitary body influences the adrenals, and increases their secretion, thereby influencing the activity of all vital processes, or, when depressed, inhibiting adrenal secretion and reducing the quantity of oxygen distributed by the blood.

He contends, that the physiological function of the thyroid gland is to sustain the functional activity of the anterior pituitary body.

The thyroid, the anterior pituitary and the adrenals thus form an autonomous system, which the author terms the adrenal system. The patient's vital resistance is ascribed to fluctuations in the activity of the anterior pituitary body. The posterior pituitary body is described as the chief functional centre of the nervous system. It is said to be the centre, from which emotions of excitement or depression react. It also co-operates with the anterior pituitary body in sustaining cellular metabolism. While the anterior pituitary body insures oxygenation of the blood through adrenal secretion, the posterior pituitary body adjusts and governs the functional activity of all organs through the nervous system.

Important conclusions are also made regarding the influence of iodine, biniodide of mercury, quinine and other drugs on the adrenal system. The work gives evidence of care and assiduity in sorting out scientific data and of constructive power in weaving them into a fabric. Opinions as to the value of the conclusions must naturally be left to the physiologists. J. J. C.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., of Philadelphia, U.S.A., with the collaboration of John B. Murphy, M.D., Chicago: Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh, and John Harold, M.D., London; with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Vol. IV.; twelfth series. Philadelphia: J. B. Lippincott Company. Canadian Agent: Charles Roberts, Montreal. 1903.

In many serial publications we not uncommonly find that when a favorable impression has been created by the first few volumes,

either from the exhaustion of good material or from want of care on the part of the editor, indifferent articles creep in, and the ultimate success of the publication is largely interfered with. This is certainly not the case in these Clinics; far from it. Every volume is full of well-selected, new and interesting lectures, and this volume, not less so than the preceding ones, by men who are evidently thoroughly up to their work. A monograph of Dr. Thomas R. Brown, of Johns Hopkins Hospital, on "The Blood in Health and Disease, with a Review on the Recent Important Work on this Subject," is all that the title implies. Great care in arrangement and exhaustive research is shown in every paragraph, and makes the article one of great value to all those who are specially interested in this subject, as well as to those who have to treat disease generally. For those who wish to read something not too scientific, and yet of interest and value, particularly just now, there is an article on "The Sanitary Tent and Its Use in the Treatment of Pulmonary Tuberculosis," by Dr. Charles Fox Gardiner, of Colorado Springs. The author goes thoroughly into the best way to build and arrange a tent for an invalid, and shows his readers that this tent, and the one we all know from experience in our hunting and fishing trips are two very different things. Besides these this volume contains an unusual number of interesting articles on Therapeutics, Medicine, Neurology, Surgery, Dermatology, and Ophthalmology. Two biographical sketches, one of Dr. Horatio C. Wood, and the other of Dr. Wm. W. Keen, will be found full of interest to their old friends and pupils. A. J. J.

Twentieth Century Practice. An International Encyclopedia of Modern Medical Science, by Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M.D., New York City. In twenty-one volumes. Volume XXI., Supplement. New York: William Wood & Co. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1903.

It is but two years or so since the last volume of this "System of the Practice of Medicine" was published; but in that short space of time so many advances have been made in various directions in medical science that the author and publishers have thought it wise to add an additional volume to the set, in order to render it the more complete, and bring it in every respect up-to-date. After looking carefully through the supplementary volume, we think it has been a wise thing to do, as it can be readily understood that, in the compilation of so large a work as this, a considerable length of time must elapse, so that some chapters become more or less stale before it is possible to get the entire set off press. Among the contributors to Vol. XXI. are such men as Dr. W. B.

Coley, of New York; Winslow Anderson, of San Francisco; Carl Peck, of New York; Sir Dyce Duckworth, of London; A. E. Garrow, of London; S. A. Knopf, of New York; G. Frank Lydston, of Chicago; Thomas J. Maclagan, of London; Sir J. W. Moore, of Dublin; W. T. Ritchie, of Edinburgh, and George W. Sternberg, of Washington, D.C. It would be difficult, in a short review, to go into the details of what Vol. XXI. contains. Suffice it to say that it touches upon all of the recent views advanced in such subjects as the Roentgen rays and their application, yellow fever and its transmission through the agency of the mosquito, dysentery in its dual form, cancer, whether parasitic or not in origin, and hematology, including cytodiagnosis. All those possessing "The Twentieth Century Practice" should complete the set by purchasing Vol. XXI., as it adds materially to its value. W. A. Y.

Selected Papers on Operative and Clinical Surgery. By the late William Stokes, M.D., M.Ch. (Univ. Dub.), F.R.C.S.I., Knt.; Surgeon in Ordinary to Her Majesty in Ireland; Surgeon to the Meath Hospital and County Dublin Infirmary; Professor of Surgery, Royal College of Surgeons; ex-President of the Royal College of Surgeons, etc. Edited by William Taylor, B.A., M.B. (Univ. Dub.), F.R.C.S.I.; Surgeon to and Lecturer on Clinical and Operative Surgery, Meath Hospital and County Dublin Infirmary; Visiting Surgeon Cork Street Hospital; Member of the Council and Demonstrator of Anatomy, Royal College of Surgeons, Ireland; Fellow and Member of the Councils of the Surgical and Anatomical Sections, Royal Academy of Medicine, Ireland. With a memoir of the author by Alexander Ogston, M.D., Regius Professor of Surgery, University of Aberdeen; Surgeon in Ordinary to the King in Scotland. London: Bailliere, Tindall and Cox, 8 Henrietta Street, Covent Garden. Dublin: 16 Lincoln Place. 1902.

The "Operative and Clinical Surgery" of Sir William Stokes, consisting, as it does, of papers on various subjects of surgical interest, will be principally of interest to physicians in various parts of the world not already acquainted with the career of the distinguished Irish surgeon. A perusal of several of the articles in the book would leave the impression that in addition to the possession of a polished literary style and a keen appreciation of the work done by others in the surgical field, Sir William Stokes was himself a sound thinker and a very successful operator.

His article on fracture of the patella, though brief, is instructive and should be read by every surgeon. The author must have been in the habit of going on both knees on the floor and not on a narrow kneeling stool, or, in advocating a direct, vertical, central in-

cision over the patella, he would not have mentioned the fact, that in the kneeling posture "it must be remembered that the pressure is not so much on the patella as on the tubercle of the tibia below the cicatrix." He differs with Lucas-Championniere and Lister in preferring silk to wire for suturing the patella.

In his observations on the treatment of one hundred cases of stricture of the male urethra he advocates the use of the Maisonneuve urethrotome for the division of permeable strictures, preferring the use of the cutting instrument to the method by rupture. He restricts perineal urethrotomy to the impermeable strictures, but is satisfied with the division of the stricture and does not mention exsection of the strictured part of urethra. Certainly a most readable lot of papers.

On the front page a fine photograph of the author appears. The book is illustrated with twenty-six plates and fifty-two figures. The printing of the book has been carefully done, and its binding is quite tasteful. J. J. C.

Hygiene and Public Health. By Louis Parkes, M.D., D.P.H., London University, Fellow of the Sanitary Institute and Member of the Board of Examiners, Lecturer on Public Health at St. George's Hospital Medical School, Medical Officer of Health and Public Analyst for the Borough of Chelsea, late Assistant Professor of Public Health at University College, London: and Henry Henwood, M.D., D.P.H., F.C.S., Fellow of the Sanitary Institute and Member of the Board of Examiners; Assistant Professor of Public Health at University College, London: Medical Officer of Health and Public Analyst for the Borough of Stoke Newington. With illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

As the authors say in the preface to the first edition, the present work is a recasting of an older work of the same title, written by one of them which had gone through five editions in two years. It was thought better to retain the name of so well-known a book, and so the authors joined hands in pruning it and bringing it up-to-date. That their work was well done is shown by the fact, that a second edition has become necessary within a year of the first edition.

It is more especially designed for physicians who are studying for the various public health diplomas; but will also be found useful by any member of the profession, who desires the latest information on topics connected with public health.

The style in which it is written is such that the lay reader can use the work with ease, the use of generally understood terms and the avoidance of those of technical application being notable. The work is divided into twelve chapters in which the following

subjects are treated: Water; The Collection, Removal and Disposal of Excretal and other Refuse; Air and Ventilation; Warming and Lighting; Soils and Building Sites; Climate and Meteorology; Exercise and Clothing; Food, Beverages and Condiments: The Contagia, Communicable Diseases and their Prevention—Hospitals; Disinfection; Statistics; Sanitary Law and Administration—followed by an Index. There are 88 illustrations. The typography and binding are creditable to the publishers.

J. J. C.

First Aid to the Injured and Sick. An Advanced Ambulance Hand-book. By F. J. Warwick, B.A., M.B. (Cantab.), M.R.C.S., L.S.A., Associate of King's College, London; Captain Royal Army Medical Corps (Vols.), London Companies; late Lecturer on Ambulance to the School Board for London; Honorary Life Member, late Lecturer and Examiner of the St. John's Ambulance Association, and Honorary Divisional Surgeon of the St. John's Ambulance Brigade; and A. C. Turnstall, M.D., F.R.C.S. (Edin.), Captain Commanding the Fourth or City of London Volunteer Brigade Bearer Co.; Honorary Associate of the Order of the Hospital of St. John of Jerusalem in England; Honorary Life Member, Lecturer and Examiner of the St. John's Ambulance Association; Honorary Divisional Surgeon of the St. John's Ambulance Brigade; Surgeon to the French Hospital, and to the Children's Home Hospital. Third and revised edition; twelfth thousand. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. 1903.

Medical men in general practice and nurses or those who are liable to meet emergency cases will find this little book a *multum in parvo*. The chapter on bandages and bandaging is very full and well illustrated. It alone is worth the price of the whole volume. Fractures and dislocations, poisoning, artificial respiration, burns and scalds, the transportation of the sick and injured are fully dealt with from the view of a first aid. We can heartily recommend the work to our friends. W. J. W.

Diseases of the Stomach. A Text-book for Practitioners and Students. By Max Einhorn, M.D., Professor of Clinical Medicine at the New York Medical School and Hospital; Visiting Physician to the German Dispensary. Third revised edition. New York: William Wood & Co. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1903.

It is just seven years or rather less since Dr. Einhorn gave to the medical profession this work on "Diseases of the Stomach," and he cannot say that at that time, as well as the present, he did not receive most encouraging returns for his labor from the pro-

fession at large. Those who purchased "The Twentieth Century Practice" will remember the splendid series of articles contributed by Dr. Einhorn on this subject, so that it is not to be wondered at that he decided, in 1896, to publish a work under his own name, in which he might marshal all the material collected by him on diseases of the stomach, a subject on which he is more than usually familiar. During the past few years there has been made considerable advance in our knowledge of gastric affections, which has, of course, led to a more successful therapy, not only by diet, but by the more recent mechanical methods of treatment. For those reasons the author has almost entirely rewritten his book, bringing it in all respects up-to-date, thus giving the profession a concise, boiled-down, yet sufficiently full work on a subject with which the general practitioner is called upon to cope almost daily.

W. A. Y.

American Edition of Nothnagel's Practice.

Diseases of the Bronchi. By Dr. F. A. Hoffmann, of Leipsic. *Diseases of the Pleura.* By Dr. O. Rosenbach, of Berlin. *Pneumonia.* By Dr. F. Aufrecht, of Madgeburg. Edited, with additions, by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania. Handsome octavo volume of 1,030 pages, illustrated, including seven full-page colored lithographic plates. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Toronto. 1902. Cloth, $5.00 net; half morocco, $6.00 net.

This is the fourth volume of the American edition, issued by Saunders. It is quite up to the highest standard of any of the preceding volumes. Where all is so good, it is difficult to select any for special comment. Diseases of the bronchi are fully dealt with, and the editor has made several valuable additions. The article on pneumonia is an extremely valuable one, probably the fullest that has yet been written. He strongly emphasizes the view that pneumonia is a fever resulting from general pneumo-coccic infection, which does not necessarily cause a pulmonary inflammation, but may excite local disease in any other part, as in the pleura, the meninges, the pericardium, etc., and furthermore, that the chief danger is from the general toxemia rather than from the local lesions. The least satisfactory article in the volume is that on embolism, thrombosis and infarct. It lacks clearness; this may be in part due to the translation too closely following the German text. The volume is a large one, and it is quite impossible to do justice to it in a brief notice. It is to be hoped that the work will find its way widely into the libraries of the profession of this country. It is needless to say that the publishers have done their part well.

A. M'P.

A Practical Treatise on Materia Medica and Therapeutics. By Roberts Bartholow, M.A., M.D., LL.D., Prof. Emeritus of Materia Medica, General Therapeutics and Hygiene, in the Jefferson Medical College of Philadelphia; formerly Professor of Materia Medica and Therapeutics, and of the Practice of Medicine in the Medical College of Ohio; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society; Honorary Fellow of the Royal Medical Society of Edinburgh, etc. Eleventh edition, revised and enlarged. New York and London: D. Appleton & Co., Canadian Agents: The George N. Morang Co., Limited, Toronto. 1903.

Nearly four years have now elapsed since the last edition of this Treatise came from the press; but, during that space of time, great advances have been made and almost innumerable theories brought forward in almost all the branches of materia medica and therapeutics, so that Dr. Bartholow found it essential to largely rewrite his book, in order to bring it up to what it should be. It is safe to say that the eleventh edition of "Bartholow" is in every respect creditable to both author and publisher, and can be looked upon as being one of the most practical, complete and modern volumes upon the subject to be procured.

Manuel de la Prostatectomie Périneale pour Hypertrophie. Par le Dr. Robert Proust, Prosecteur à la Faculté. Un volume in-8° carré de 186 pages avec planches et figures cartonné. Prix, 4 frs. Paris: C. Naud, Editeur, 3 Rue Racine.

In this work Dr. Proust first lays before the medical public the scientific data upon which perineal prostatectomy rests. Secondly, his book is practical, describing the operation in a thorough manner, so that a surgeon, though unfamiliar with perineal surgery, would be enabled, by a careful study of Dr. Proust's work, to perform ablation of the prostate in a proper manner.

Under the first head, the author treats of the surgical anatomy of the prostate in one chapter; its pathological anatomy and the pathogenesis of prostatic hypertrophy are described in a second one.

The practical part of the book is divided into three chapters. In the first are described the indications for prostatectomy; in the second the instruments used by the author and the preparation of patient: in the third, the operative procedures and the subsequent care of the patient.

Dr. Proust's book is very richly provided with plates, every anatomical region and every operative act described being fully illustrated. In fact it may be described as a manual of prostatectomy.

Surgeons who may be called upon to perform prostatectomy would do well to familiarize themselves with this excellent manual; the plates alone are worth more than the price of the book. J.J.C.

Conjuror's House. By STEWART EDWARD WHITE, author of "The Westerners," "The Blazed Trail," etc. Toronto: The Copp, Clark Company, Limited. Cloth, $1.25.

A beautiful tale of the great northern wilderness, the home of the Indians, trappers and wild beasts. The action and plot of the story centres around the Factor's house, with its small settlement, where once a year the Indians and voyageurs come to barter and trade their pelts with the Factor (the great agent of the Hudson's Bay Company). A free trader from Quebec comes in and is captured. He is a magnificent specimen of young manhood, and falls in love with the beautiful young daughter of the Factor, although her father has just condemned him to take "*la longue traverse,*" the long journey through the forest out to freedom, alone, unarmed, and which usually ends in death. However, all's well that ends well. The descriptions are word-pictures, glowing and beautiful, of this lonely land. "Beyond the butternut, beyond the maple, beyond the white pine and the red, beyond the oak, the cedar, and the beech, beyond even the white and yellow birches, lies a land, and in that land the shadows fall crimson across the snow."

The Practical Medicine Series of Year-books, comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume IV., Gynecology, edited by EMILIUS O. DUDLEY, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago; and WILLIAM HEALY, A.B., M.D., Instructor in Gynecology, Northwestern Medical School. March, 1903. Chicago: The Year-book Publishers, 40 Dearborn Street.

This volume contains 237 pages and an index. It is divided into six parts. Part I. deals with General Principles; Part II., Infections and Allied Disorders; Part III., Tumors; Part IV., Traumatisms; Part V., Displacements; Part VI., Disorders of Menstruation, Sterility. We are very much pleased with this little work, both as to its form and contents. The selections are the best possible from the year's work, and are presented in a most convenient and readable form. W. J. W.

Lovey Mary. By ALICE HEGAN RICE. Toronto: William Briggs.

This little story is of interest and will be read by many, because of its forerunner the inimitable "Mrs. Wiggs of the Cabbage Patch." In this sketch she is still alive, and is the same com-

mittee of one on ways and means in her community, and comes into Lovey Mary's life like a ray of sunshine. The reader closes Mrs. Hegan Rice's latest book with a smile at the dry humor, well sustained, which it contains, and a memory of Mrs. Wiggs (as Lovey Mary's train pulls out, taking her to Niagara Falls for the summer) pushing close to the car, and holding an empty bottle toward Lovey Mary, exclaiming, "I want you to fill it fer me. Fill it full of Niag'ry water. I want to see how them Falls look."

Surgical Anatomy. A Treatise on Human Anatomy, in its Application to the Practice of Medicine and Surgery. By JOHN B. DEAVER, M.D. In three volumes. Vol. III., Abdomen, Pelvic Cavity, Lymphatics of the Abdomen and Pelvis. Thorax Lower Extremity. Philadelphia: P. Blakiston's Son & Co. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

At last we have the pleasure of perusing the pages of Vol. III. of Deaver, and when one reads it and sees the enormous amount of work put upon it, we can't wonder that it has taken a good deal of time to prepare. It certainly is a better volume than one was led to believe it would be, and for this the author and the publishers particularly are to be commended. As in the other volumes, the drawings are excellent. The study made of the lymphatics of the abdomen and pelvis is a valuable addition to anatomical literature. Throughout the book the text is good, but in addition to the beautiful plates, the excellent dovetailing of the descriptive with the practical side of anatomy is manifest. F. N. G. S.

Materia Medica for Nurses. By JOHN E. GROFF, Ph.G., Apothecary in the Rhode Island Hospital; Professor of Materia Medica, Botany and Pharmacognosy in the Rhode Island College of Pharmacy. Second edition, revised and rewritten. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1903.

This is a neat little work of 169 pages. It takes up in concise form all the materia medica required by a nurse, besides chapters on dosage, weights and measures, both English and metric. We are sure this work will be heartily welcomed by nurses, as it is so much better suited to their needs than anything we have seen.

W. J. W.

SAUNDERS' FORTHCOMING BOOKS.

THE following are the new books which W. B. Saunders & Co., of Philadelphia and London, will publish during the next few months' time:

"The Vermiform Appendix and Its Diseases." By Howard A. Kelly, M.D., Professor of Gynecology, Johns Hopkins University, Baltimore; and E. Hurdon, M.D., Assistant in Gynecology, Johns Hopkins University, Baltimore.

"Myomata of the Uterus." By Howard A. Kelly, M.D., Professor of Gynecology, Johns Hopkins University, Baltimore.

"A Text-book of Legal Medicine and Toxicology." Edited by Frederick Peterson, M.D., Chief of Clinic, Department of Neurology, College of Physicians and Surgeons, New York City, and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago.

"The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis." By William Allen Pusey, M.D., Professor of Dermatology, College of Physicians and Surgeons, Chicago, and Eugene W. Caldwell, B.S., Director of the Edward N. Gibbs Memorial X-Ray Laboratory, and University and Bellevue Hospital Medical College, New York City.

"Tuberculosis." By Norman Bridge, M.D., of Los Angeles, Emeritus Professor of Medicine, Rush Medical College, in affiliation with the University of Chicago.

"A Text-book of Diseases of Women." By Barton Cooke Hirst, M.D., Professor of Obstetrics, University of Pennsylvania, Gynecologist to the Howard, the Orthopedic, and the Philadelphia Hospitals.

"A Text-book of Pathology." By Joseph McFarland, M.D., Professor of Pathology and Bacteriology, Medico-Chirurgical College, Philadelphia.

"The Blood in its Clinical and Pathological Relations." By Alfred Stengel, M.D., Professor of Clinical Medicine, University of Pennsylvania, and C. Y. White, Jr., M.D., Instructor in Clinical Medicine, University of Pennsylvania.

"A Thesaurus of Medical Words and Phrases." By Wilfrid M. Barton, M.D., Assistant to Professor of Materia Medica and Therapeutics, and Lecturer on Pharmacy, Georgetown University, Washington, D.C., and Walter A. Wells, M.D., Demonstrator of Laryngology and Rhinology, Georgetown University, Washington, D.C.

New editions of the following books will shortly appear:

"Medical Jurisprudence and Toxicology." By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical

Jurisprudence, Jefferson Medical College, Philadelphia; Member of the College of Physicians and Surgeons, Philadelphia, etc.

"A Text-book of Modern Therapeutics." By A. A. Stevens, M.D., Lecturer on Physical Diagnosis, University of Pennsylvania; Professor of Pathology, Woman's Medical College, Philadelphia.

"Practical Points in Nursing," for Nurses in Private Practice. By the late Emily A. M. Stonev Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass.

"The Care of the Baby." By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children, University of Pennsylvania; Physician to the Children's Hospital, Philadelphia, etc.

"THE KEYS TO SUCCESS."

Like many aspiring youths, Edward W. Bok turned to one who had been brilliantly successful for the password which would open to him the golden gates. He asked Chauncey Depew what was the secret of success. "My boy," replied the genial diplomat, "there is no secret to it. It is just dig, dig, dig." That the hint was taken can be judged from the position Mr. Bok now holds. Being called upon to relate how he had succeeded so strikingly, Mr. Bok told the story. In the course of his lecture on "The Keys to Success" (which is given *in extenso* in "Modern Eloquence," from which we quote), he shows marked ability for crystallizing fact into epigram, as can be seen from the following examples:

Every young man who is striving to succeed must put success in its rightful, simple place.

To carry to a successful termination what one starts to do is what success really is and means.

The correct definition of success is accomplishment.

Hard work must become a habit before any degree of success whatever is attained. The success most highly regarded in the business world is that which is won on conservative lines.

Thoroughness is the surest key to success in business.

When a young man overlooks the small things, or thinks they are not important enough to do them well and thoroughly, he leaves out of his calculations one of the most important elements of success.

No town is too small for success.

A man's success never depends on the place in which he lives; it depends on the man.

Thoroughness is the earning power of success.

You cannot hurry success. It is like respect: you must earn it.

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Original Contributions.

INTESTINAL OBSTRUCTION PRODUCED BY BANDS OF ADHESIONS.*

BY J. F. W. ROSS, M.D., TORONTO.

INTESTINAL obstruction produced by bands is to be met with frequently, and stands out prominently among other cases of this condition. In my experience I have met with the following cases presented for your consideration:

CASE 1.—Mrs. F., aged 24. Operated on July 20th, 1893, for double pyosalpinx and ovarian abscess. The operation was a difficult one owing to the adhesions present. The patient recovered from the immediate operation, and, two weeks later, began to show evidence of intestinal obstruction. There were cramp-like pains in the abdomen, apparent increased peristalsis, gradual increase of pulse without particular elevation of temperature and vomiting. The abdomen was reopened on the seventeenth day. The small intestines were found considerably distended. The large intestine was found obstructed by a band due to new adhesions that had taken place after the removal of the diseased organs. Broke down the adhesions and freed the bowl. The abdominal cavity was washed out, gauze packing was placed in the pelvis, and the patient made an uninterrupted recovery.

CASE 2.—Mrs. M. C., patient of Dr. Cuthbertson. A year and a half before I saw patient she had been operated on for an extra-uterine pregnancy. Convalescence was interrupted by what was supposed to be a hematocele. Five months before I saw her she became pregnant. Tuesday, Feb. 11th, 1896, she was suddenly taken with severe pain in the abdomen accompanied by symptoms

*Read at meeting of Toronto Clinical Society, February 4th, 1903.

of collapse and vomiting. Dr. Cuthbertson was sent for and saw her on Wednesday morning. I saw her with him on Thursday evening. She was then feeling much more comfortable, the vomiting having ceased. There was slight distention of the intestines with gas. She was evidently pregnant about the fifth month. It looked as if some rupture had occurred, either rupture of adhesions, rupture of extrauterine pregnancy that might be present with uterine pregnancy, or a rupture of the uterus at a point of previous ligation. The strangulation of intestine by a band was also taken into consideration. I advised immediate operation but the patient felt so much improved that she thought it unnecessary. The pulse was thready but not rapid. On Friday more marked improvement had taken place. On Saturday stercoraceous vomiting set in. I saw her again in consultation and found her cyanosed and blue, with cold hands and feet, suffering very much from shock. The chances of recovery after an operation were now very much diminished, but on the 15th of February, 1896, at the General Hospital, I opened the abdomen in the median line. The intestines were discolored in places. The colon was natural in color while the intestine above it was dark red and inflamed. On right side of the abdomen, about midway between the pubes and the ensiform cartilage, a coil of gangrenous intestine, about eighteen inches long, was found. This had slipped through under a band of adhesions. The adhesion was readily caught by two pair of artery forceps and cut through. The bowel was immediately freed. The abdomen was rapidly closed and patient almost died on the table. The stercoraceous vomiting ceased, but she remained restless. Next day, Sunday, she did well until towards evening, when, at midnight, without much pain, she aborted. The placenta was very adherent, and there was a good deal of hemorrhage. About six o'clock Monday morning she succumbed.

Case 3.—Mrs. M., aged 28. I saw the patient in consultation with her physician, Dr. Harris. She had been operated on a year before for appendicitis. Two days previous to my visit she had been suddenly taken with pain in the abdomen, accompanied by persistent vomiting. The vomiting was at no time stercoraceous. The pulse fluctuated between 90 and 120; the temperature was not elevated and had not been elevated. She was dark under the eyes. No distention was to be made out. Dr. Harris had withheld purgatives, as he suspected obstruction. The patient complained of irregular severe pains or tormina. The stethoscope revealed increased peristaltic action of the intestines with gurgling, and we concluded that there was undoubtedly obstruction of the bowels present. Next morning, Jan. 21st, 1898, assisted by Dr. Harris, I opened the abdomen at the site of the old scar. The bowel was found firmly adherent to the parietal wall.

After considerable difficulty loosened the omentum and bowel which looked red and inflamed. With the finger I soon discovered the site of the obstruction where a band formed by the omentum, about the size of a boot-lace, completely encircled the ileum near the ileo-cecal valve. The band was produced by adhesions of the omentum to a coil of intestine. The anesthetist said that as soon as we relieved the band he found a great improvement in the pulse. The wound was closed and the patient made an uninterrupted recovery.

Case 4.—Mrs. W., had been ill for some weeks. Temperature had become elevated to 104. Symptoms were those of partial obstruction of the intestine. A peristaltic action was very noticeable and gurgling could be heard distinctly with the stethoscope. Vomiting became stercoraceous. I saw her in consultation with Dr. A. O. Hastings, and on the 13th of April, 1900, at Grace Hospital, assisted by Dr. Hastings, I opened the abdomen in the median line. The small intestine was obstructed in two places by adhesions due to presence of tubercular inflammation. Tubercular nodules were found studded through the intestines. The bowel was freed by cutting through the adhesions and the wound closed. Patient made an uninterrupted recovery and is now in good health.

Case 5.—Mrs. S., aged 25. I operated on her and removed double pyosalpinx, also removed the vermiform appendix as it was inflamed and adherent. After the operation the family physician, Dr. Guinane, took charge of the patient owing to my absence from the city. After I returned I found that symptoms of gradual obstruction of the intestine had been setting in. Patient had pain, constipation, increased peristaltic action of the intestine, and increasing tympany. As the symptoms did not abate, but grew worse, on the 25th of September, 1900, at St. John's Hospital, assisted by Dr. Guinane, I reopened the abdomen in the median line. The coils of small intestine were found very much distended above, while the large intestines were collapsed. I concluded that the obstruction must be in the small intestine. Several coils were found to be adherent near the right pedicle. Near this point a black, grumous material, streaked with pus, was present. Two or three bands of adhesion were loosened, and the intestine was straightened out. The patient became very much shocked and almost succumbed. Owing to the septic, grumous material present, I considered it advisable to pack in iodoform gauze to insure drainage and shut off the infected area from the abdomen. A drainage tube was also inserted. Patient made an uneventful recovery.

Case 6.—Mrs. C. December 31st, 1896, I operated on this patient and removed a dermoid tumor of the ovary. She recovered and enjoyed good health. On Friday, July 19th, 1901, she

was taken ill with pain in the abdomen and vomiting. On Saturday the vomiting continued. I saw her early on Sunday morning with Dr. Fletcher, and found her suffering from tormina. Pulse 72; temperature 100. Intestinal peristalsis was markedly increased. The stethoscope revealed distinct gurgling and a conclusion was arrived at that the case was one of intestinal obstruction. Advised operation, and on the 22nd of July, 1901, at the Western Hospital, assisted by Dr. Fletcher, opened abdomen through the old wound. The intestines were found to be dilated and reddened. One coil of small intestine was fastened to the rectum and the uterus. The adhesions present showed that the patient had gone through a sharp attack of peritonitis following the original operation. The bowel was drawn down and encircled by a band that kinked it, and also constricted its lumen. This was gradually loosened until the obstruction was completely relieved. The patient died.

Case 7.—Mr. W., operated on by me on the 13th of July, 1901, for appendicitis. He was very ill with general peritonitis at the time, but made a good recovery. While visiting in Gravenhurst he was suddenly taken with pain in the abdomen and vomiting. It was supposed that he was suffering from acute indigestion. Being uneasy about his condition he came down on the first train and was seen by the family physician, Dr. Greene. The doctor had him immediately removed to the General Hospital, and I saw him in consultation without delay. We diagnosed the case as one of internal strangulation, probably by a band. Immediate operation was advised, and within an hour, on December 31st, 1901, I found the abdomen in the median line. The bowels were found congested. On passing the fingers down a peculiar unusual feeling was encountered at one spot. This was carefully examined after the walls had been well retracted, and the intestine was found to be bound down very firmly by a band passing back towards the spine. A pair of forceps was passed underneath this and was cut through with scissors, and immediately the intestine sprung up. The abdomen was closed and the patient made an uneventful recovery.

Case 8.—Mrs. J., had been operated on two years before for ectopic gestation. She was taken ill suddenly the night of the 26th of July, 1902, with severe pain in the abdomen, accompanied by vomiting. On the afternoon of the 28th of July she arrived at the General Hospital, when her pulse was 100 and temperature 99. I did not see her until the morning of the 29th, when she was evidently much worse, with a pulse of 160. It was two o'clock in the morning when I was called. It seemed an assured fact that she was going to die but I concluded to give her the only chance and opened the abdomen as soon as possible. Sixteen inches of black and gangrenous intestine pushed forward into the

wound and by following this down I found a band of adhesion that was easily cut through with a pair of scissors. Salines were given under each breast as well as a rectal saline. The pulse could now be scarcely felt. The operation consumed about fifteen minutes in all. There was evidence of general peritonitis. Patient died six hours after.

Case 9.—Boy at Victoria Industrial School, under care of Dr. Godfrey. Was taken ill with griping pains, chiefly in the left inguinal region. He vomited twice. No rigidity was to be made out at that time. There was obstinate constipation. Then symptoms of intestinal obstruction, vomiting, tympanites, together with tenesmus that was very marked, came on. There was no tenderness on pressure, no great elevation of temperature, but the pulse was gradually going up. No blood in the stools. Forty hours after the onset of the illness I saw him, and then found the abdomen distended and hard. The case looked very much like one of peritonitis following perforation of the appendix, but the absence of fever and the presence of tenesmus rather pointed against this diagnosis. The case was obscure, but urgently demanded surgical interference. At about one o'clock in the morning, without any assistant, I opened the abdomen in the median line, Dr. Godfrey administering the anesthetic. The median line was chosen owing to the doubt that existed as to the nature of the disease. The appendix was looked for, but could not be found. The cecum could not be found at first. There was no cecum to be found in the right iliac pouch. Intestines being considerably distended the manipulation of the parts was rendered more difficult. Nothing could be found in the pelvis nor in the left iliac pouch. Patient's pulse was now very rapid, and I was afraid he would succumb before a diagnosis could be made, when suddenly a coil of dark colored intestine was encountered above the umbilicus. On careful examination it proved to be a loop of intestine about eighteen inches long that had slipped through under a band. The band was formed by the vermiform appendix, the tip of which had become adherent to a spot on the mesentery of the small intestine. The appendix and cecum had been drawn up out of the iliac fossa. In other words, it was a case of internal strangulation produced by an adhesion of the tip of the appendix. The appendix was removed, the bowel freed, the abdomen closed. The bowels did not move after operation until the fourteenth day. The patient vomited for about nine days, and the pulse at times reached 170 per minute. A small abscess formed in front of and another behind one ear. The patient made a good recovery.

Case 10.—Mr. S. On December 16th while on a Pullman car he was taken with an awful pain in the abdomen. The pain was so severe that his face was blanched, according to his friends' ac-

count of the condition. When the train reached Buffalo he was taken to the Emergency Hospital, and remained there for three days; was then brought home to Toronto when his physician, Dr. Harrington, saw him. His pulse and temperature were about normal, but he complained that he bloated up very suddenly with gas. There was some sickness at the stomach present at the time, but this passed off. Christmas and New Year's were uneventful, but about the 11th of January he was taken with severe pain in the abdomen and vomiting. This occurred at night. The vomiting continued so that nothing would remain on the stomach. I saw him in consultation with Dr. Harrington three days later, and the stethoscope revealed distinct borborygmy with increased peristaltic action of the intestines. The gurgling was very marked. We concluded that there was partial obstruction of the intestine, very probably due to adhesions. Operation was advised, and on the 15th of January, 1903, at the Toronto General Hospital, I opened the abdomen in the median line. The small intestine was reddened and dilated. It was followed down and found to be obstructed at one place. After the obstruction had been removed by breaking through a band, perforation of the intestine through the part compressed by the band that was now gangrenous, showed itself. Fecal matter escaped freely, but was caught on sponges. The hole was temporarily closed, while further investigation was carried out. It was very difficult to make out what the exact condition was. The intestine was found to be matted in the pelvis, two or three coils being bound down at one point. After a great deal of difficulty it was thoroughly loosened and all the affected portion of intestine, about five feet, drawn out on to the abdomen. Sponges were now carefully packed in to protect the remaining coils inside the abdominal cavity. The intestine brought outside was kept bathed with a running stream of normal saline and hot towels. Several perforations were found. These were rapidly closed in the usual way. One portion of intestine was so damaged from pressure that it was found necessary to resect it. About twelve inches of intestine were removed. The Murphy button was used. The patient was very much shocked. Pulse reached 132. The abdomen was rapidly closed. While this was being done a subcutaneous saline was given under each breast. The patient made a slow but satisfactory recovery.

In reviewing these cases I find there were ten in number with three deaths and seven recoveries. Two of the cases followed operation for salpingitis; two followed operation for ectopic gestation; two for appendicitis; one for the removal of a dermoid tumor; while, in three cases, there had been no previous operation. Of these three one was produced by adhesion of the vermiform appendix, one by inflammation following tubercular disease, and

in one case the cause of the adhesion could not be definitely ascertained.

The lesson to be learned from the fatal cases is this: That operation must not be delayed. I am satisfied that these patients lost their lives owing to delay. In each case the delay was due to the obstinacy of the sufferer.

In conclusion, I would like to draw the attention of this society to one important point in connection with the diagnosis of partial or complete intestinal obstruction, namely, the presence of gurgling, especially when accompanied by intermittent peristalsis that is increased in its intensity far beyond the normal. The stethoscope in this way becomes a valuable aid. The downward and then the reverse wave of muscular contraction of the bowel wall can be readily made out and the gurgling comes, as a rule, with the reverse peristalsis.

ERYTHEMA CIRCINATUM—ACNE VARIOLIFORMIS.

BY ALEXANDER McPHEDRAN, M.B.,
Professor of Medicine, etc., University of Toronto.

I. Erythema Circinatum.

The following case is a rare variety of erythema, and presents characteristics of marked interest:

W. N., aged 19, an upholsterer. He was not robust, but never ill. In April, 1900, a rash appeared on the backs of the hands. It began as small reddish-pink papules, that enlarged rapidly, and a vesicle formed in the centre deeply in the skin, closely resembling the vesicles of pompholyx. The vesicles did not rupture unless injured. The contents were clear and non-albuminous, and soon became absorbed, leaving a depressed violaceous centre

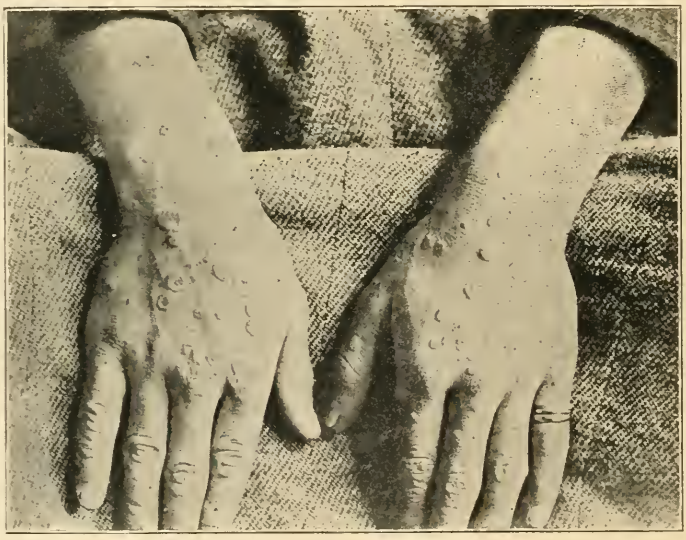

Fig. 1.

in the small circular eruption. In later eruptions no vesicles were formed, but the centre of each spot became somewhat depressed, similar to those in which the vesicles formed, and many of them were of a violet color. (Fig. 1.) The eruption was extremely itchy, and somewhat burning. There were over one hundred spots on the hands and forearms, a few on the neck, and two on the mucous surface of the lips.

The eruption lasted about two weeks, and then gradually faded. A fresh crop broke out about every four weeks, so that he was quite free of them for only five or six days between successive

crops. There was no desquamation, but the scratching sometimes led to the formation of pustules. The spots varied in size from a pin-head to a circinate spot half an inch in diameter, the majority being about one-eighth of an inch. The margin was well defined and slightly elevated. Many of the spots in the less severe eruptions were simple, slightly irregular *macules.*

The eruptions recurred at intervals until the late autumn. During the winter he was quite free of it, but in the following June it broke out again, being preceded by a burning sensation, and many vesicles were again formed. It was less abundant and recurred at longer intervals during this second summer. The general health had materially improved. He has not been seen since then.

He derived some benefit from strontium salicylate with alkalies internally, and the local application of 5 per cent. ichthyol in Pick's gelatine preparation. In this case there was an unusual degree of irritation for erythema. It had a strong resemblance to urticaria, which is, however, much more evanescent. It is also to be noted that this rash occurred chiefly on the exposed parts, while that of urticaria is usually upon the covered parts, and, while general, is more irregular in distribution.

II. Acne Varioliformis.

The following case of this rare affection came under observation recently:

Miss A., aged 35, had never been strong. She had marked splanchnoptosis with poor digestion and assimilation, and a marked degree of constipation.

The attack of *acne varioliformis* began as an eruption of small red papules on the forehead and temples. There were no papules on the scalp or cheeks. In a week many of the papules became capped with vesicles containing opalescent serum or thin pus. In the centre of the vesicle a small grayish scab formed, which increased in size as the pus dried up, and its centre showed decided umbilication. It required about three weeks for the scabbing to become complete. As the scab separated, a pit about one-eighth inch in diameter was left, resembling very closely the pitting from true smallpox. The eruption was scattered irregularly over the forehead and temples. A number of small comedones were also to be seen on these parts, and there were a few acne papules on the nose and cheeks.

Many of the papules were small; on these a small scab formed without any pus formation, and the pitting that resulted was slight. In the six months that have elapsed since the eruption there has been no recurrence. The local treatment consisted in the application of a lotion composed of fifteen grains of resorcin in an ounce of saturated boric acid solution.

PHENIC ACID IN PYOGENIC PROCESSES.

BY THOMAS H. MANLEY, M.D., NEW YORK.

AGAIN the extraordinary curative properties of carbolic acid are revived on a large scale. Well we recall, in our student days of thirty years ago, the position which solutions of carbolic acid held in surgical practice as a "stimulant to wounds." Their employment was then purely empirical; they were deodorizers, and wounds healed kindly under their influence.

Then the era of antiseptics came, when we were taught that carbolic acid was a germicide of great potency; but it had numerous rivals in the mineral world, and was threatened for a time with being forced out altogether. But time, which is a great leveller, ultimately demonstrated that the most of the so-called antiseptics were not only foreign to the normal tissues, but were troublesome "irritants," the most useful in "high dilutions." Then for a time they were all ruled out for "asepsis," something in a strict scientific sense utterly impossible.

Dèclat, an eminent scientific and erudite French physician, some few years ago became so enamored with the virtues of carbolic acid that he insisted that with the judicious employment of his "phenates," of mercury, ammonia, iron, etc., we might promptly cure all the infectious maladies, both acute and chronic, and, moreover, very many of those who employed them conceded that they possess most positive virtues in febrile affections.

The writer, three years ago, called attention to the extraordinary effects of pure carbolic acid, subcutaneously injected, in carbuncle, in the papillary or purulent stage. The profession was sceptic as to the propriety of using such an heroic remedy, of such caustic properties, suspecting that the dangers of widespread necrotic action at the site of injection, or of systemic toxemia from direct absorption into the circulation, were only too real. Later came the astounding discovery of Dr. Seneca D. Powell, of New York, so widely popularized by the late lamented Dr. A. M. Phelps. Powell demonstrated that alcohol is a positive antidote to carbolic acid; that we may pour the pure acid into the nude, open tissues with perfect impunity, provided only we immediately follow it by strong alcohol. Camphor, it seems, possesses the same property, hence the great value of campho-phenique —equal parts, by weight, of gum camphor and carbolic acid—in every description of suppurative processes.

The discovery of Powell certainly constitutes an epoch of the greatest possible importance in the field of surgical therapeutics. This we have now demonstrated in so large and varied a class of

infective cases as to leave no possible doubt as to its efficacy and safety.

First, let us note the powerful analgesic properties of carbolic acid, and, secondly, that when applied to suppurating or diseased surfaces in its pure state, it so promptly forms an albuminate by coagulation that there is no danger of it mingling with the circulation. In infected wounds, the pure acid, followed by its antidote, pure alcohol, is a remedy of unrivalled value.. Almost immediately its effects are obvious on the local parts, and on the constitutional condition; on the pulse, the temperature, and on nutritive processes. But it must be employed in no half-hearted manner, diseased surfaces must be soused and soaked. Sinuses, fistulous passages, and anfractuosities must be first well curetted and mopped dry of blood and secretions, then be well charged with the pure drug, to be followed by alcohol. We may permit the carbolic deposit to remain untouched for a *minute* or *two;* then we displace the residue and alcoholize the surface.

Phelps extolled the acid so employed, the highest, for its specific action in tubercular lesions of joints. He freely opened the articulation, removed pathological products, freely phenated the nude surfaces, and finally flushed them with alcohol. Then he introduced glass tubes for drainage.

Menciere (*La Tuberculeuse Arthritis, Rev. de Chirurgie, Belgique,* 1 *Aout,* 1902) publishes an elaborate and most instructive contribution on the great value of Phelps' method in joint-tuberculosis, in any stage; but he shows that the carbolic acts with the most extraordinary energy and curative effects in the early stages, when it stifles the disease, like snuffing out a candle. If there are areas of softening or caseation, he makes an opening to clear these well out; if, on the other hand, only the synovial surfaces are involved, he injects a solution—1 alcohol, 2 carbolic—directly into the articular cavity; allows it remain a moment, while he freely moves the joint, in order to well diffuse it over the surfaces. This is then syphoned out and followed by pure alcohol. In this latter class no incision is made into the articulation and no drainage employed.

He gives in detail the histories of several cases so treated, with most extraordinary results.

Possibly, like all new remedies, the value of this may be somewhat exaggerated, but its real worth is based on something more than theoretical grounds, and from a knowledge of its therapeutic potency in our own hands, we must hail it as one of the most precious discoveries of modern times.

Oral Surgery.

IN CHARGE OF
E. H. ADAMS, M.D., D.D.S.

Oral Surgery.—The fifteenth anniversary celebration of the Odontographic Society of Chicago recently held was the largest body of dentists ever brought together, some 2,800 dentists and physicians being present. There were good papers, bright lively discussions and interesting and varied clinics, and an unparalleled display of exhibits. E. H. A.

Current Dental Literature of Interest to Physicians.—The *Dental Cosmos* for March contains an interesting paper on "Diet in Rigg's Disease" (Pyorrhea Alveolaris), by J. Warren Achorn, M.D., Boston, Mass. There is also an interesting editorial on "The Dental Critic of the Medical Practitioner," which could be read with advantage by those who control the curriculum of the medical colleges. E. H. A.

Mistaken Diagnosis by Physicians.—(By Dr. A. O. Wright, Stockton, Cal., *Dental Summary,* December 6th, 1902.)—The author describes a case of abscess of the right ear and one of disturbances of the eye caused by diseased conditions of the teeth. The two cases had been diagnosed and treated by physicians, but without producing any relief. Dr. Wright treated the teeth, which he diagnosed as the cause of these disturbances, and by this procedure caused the diseased organs to regain their normal condition.

The Care of the Mouth in Its Relation to Disease.—Our readers will remember that we called attention some months ago in our review columns to a small monograph by Dr. Hunter, of London, in which he detailed observations which led him to believe that pernicious anemia was often produced by infection of the stomach from an unclean mouth. While these somewhat radical views have not attained universal acceptance, at the same time they possess a sufficient amount of truth to make us regard cleanliness of the mouth as an important factor in the treatment of various diseases, and we all know how greatly the comfort and, indeed, the health of patients suffering from acute infectious diseases is increased if the buccal mucous membrane be kept clean and moist. Years ago, before the importance of this was recognized, it was not a very uncommon thing for secondary infections from the buccal mucous membrane to occur, but at the present time, in typhoid fever in particular, such complications and sequelæ rarely occur.—*Therapeutic Gazette.*

Paralysis following Extraction of Right Lower Third Molar.—(By J. H. Gibbs, F.R.C.S., L.D.S., *Trans. Odonto-Chirurgical Society of Scotland,* Edinburgh, 1901-1902.)—The extraction was not an easy one, and immediately afterwards the patient complained of her lip on that side, and upon examination it was found that tactile sensation had disappeared from the middle line of the chin backward for two inches, the line of demarkation being sharply defined in front but not so behind. The area was also sharply defined at the lower border of the mandible. The inner side of the lip, gums, and teeth on that side were also more or less anesthetic. The patient's chief complaint was that the parts involved felt as though very much swollen, and that she could scarcely feel the teeth coming into contact on that side. For three weeks after the extraction there was not much change for the better, but thereafter restoration of function occurred rapidly, and seven weeks after the accident the parts had recovered normal sensation.

"What Art has done for Dentistry, and What Dentistry has done for Art" is an interesting original communication by B. J. Cigrand in the March number of the *Dental Review.* The article is well illustrated, and among other photogravures are three portraits of George Washington, showing how the father of his country had the natural outlines of his face disfigured by the loss of teeth and ill-fitting dentures. Dr. Peale, the artist, who painted the most popular portrait, and the one from which we generally recall the likeness of Washington, was successful by reason of having constructed and sculptured the dentures so as to give a perfect and reposed condition of the mouth and the facial muscles. This set of teeth Washington did not wear, except when posing for Dr. Peale. Washington compeers, relatives and friends have pronounced the portrait painted by Dr. Peale as the nearest resemblance to the true outlines and contours of the face of Washington. Dr. Peale was a dentist as well as an artist of repute, and hence the world owes to a dentist the renown of having successfully portrayed the immortal Washington.

E. H. A.

Luxation of the Inferior Maxilla.—(By Dr. Hervochon, Chief of Clinic at the Ecole Odontotechnique, *Revue Odontologique,* Paris, December, 1902.)—The author describes a case of unilateral dislocation of the temporo-maxillary articulation in a girl, nineteen years of age. The patient had a lower molar extracted. The operation was very painful, and two days afterwards she observed that the mandible had descended slightly and was deviated considerably toward the right. The dislocation was treated during five weeks, but without any results, when the patient was brought to Dr. Hervochon for treatment. The face did not pre-

sent any abnormal appearance, no swelling was present, and only the deviation of the mandible could be noticed. The essayist did not experience any difficulty in placing the mandible in its normal relations, but as soon as it was left to itself it went back to its abnormal position. Dr. Hervochon, therefore, decided that it would be useless to attempt this operation again, as nothing would remove the ligaments that were crowding the glenoid cavity unless an intense pressure could be exercised against the mandible for a period of at least fifteen days, with the view of preventing the mandible from moving. He decided on this account to treat the case by adjusing a splint that would inclose the mandible completely. The splint was provided with leather straps which were tightened around the head of the patient. The patient at first suffered very acute pain from the extreme pressure exercised against the glenoid cavity. This pain lasted for a few days, but gradually subsided and eventually disappeared entirely. Fifteen days afterward the splint was removed, as the mandible had returned to its normal position; as a matter of precaution, however, the splint was readjusted every night for about a week, to avoid any possible recurrence of the disturbance.

Treatment of a Persistent Headache caused by the Presence of Diseased Roots.—(By Walter Worm, Zahnarzt, Gleiwitz, *Deutsche Monatsschrift fur Zahnheilkunde,* Leipzig, January, 1903.)—The author describes the case of a woman aged forty-five who for the last three years had been suffering from a headache of such intensity that at times it became practically unbearable. The patient had observed that the pain was invariably located upon the right side of the head, and that if occasionally both sides became painful, the abnormal sensation upon the right side was always more intense than that upon the left. The pain would disappear for two or three days after the administration of morphin or phenacetin,which as a matter of fact constituted the only treatment she had received from the several physicians she had consulted in regard to her intense suffering. Recently the patient called on the writer, as she wished to have a complete set of teeth made. Herr Worm made a thorough examination of the mouth and discovered the presence of the roots of the upper left second bicuspid and first molar and those of the right central and lateral incisors and canine. The roots on the left side were not painful, but those on the right side responded painfully to pressure. They were all extracted, and since then the patient had not suffered any headache, and, four months having elapsed since the extractions were performed without any painful recurrence, it is reasonable to suppose that the patient is completely cured.

Selected Articles.

THE TREATMENT OF INFANTILE SPASTIC PARALYSIS.*

BY ROBERT JONES, F.R.C.S.E., OF LIVERPOOL,

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I VENTURE to bring before you a subject which for many years has interested me, and which until quite recently has, so far as treatment is concerned, suffered unmerited neglect. There is something so uninviting and hopeless-looking about a case of cerebral diplegia, that a man must possess, in addition to a theory of attack, no small fund of enthusiasm before he decides on treatment. Cases of infantile hemiplegia, with half their brain and half their extremities in working condition, offer less obstacles to management, if less scope for ingenuity.

It is impossible to enter fully into the subject of cerebral paralysis, but I can indicate certain clinical types which offer adequate reward to surgical endeavor, and point out the remedial methods which in my experience have proved of value.

For the purposes of this paper, I would group cases into those of (1) Infantile Hemiplegia; (2) Cerebral Diplegia, and (3) Spastic Paraplegia.

Of 839 cases I have been able to collect from various sources, 510 were hemiplegic, 30 monoplegic, 142 paraplegic, 157 diplegic. This vast disproportion between the hemiplegic and the other groups is not borne out by my own experience, which favors the preponderance of the diplegic type.

Most generally the hemiplegia is an acquired, not a congenital, affection. It usually appears before the fourth year. The onset is very often heralded by convulsions, and in quite a number of cases there are acute febrile symptoms which are in interesting contrast to the onset of adult hemiplegia.

From the first, the reflexes are exaggerated and the arm and limb are powerless. Deformities soon follow. The foot is arched and adducted; the knee is bent; the hip is internally rotated, somewhat adducted, and the femur is bent on the trunk. The arm is huddled to the body; the elbow is flexed to a right angle;

*Being a paper read before the Liverpool Medical Institution, March 7, 1902.

the wrist is dropped; the hand pronated, and deviates towards the ulnar side, and the fingers generally grasp the thumb, which lies very forcibly adducted. As in the case of adults, rigidity of the affected muscles comes on in the generality of cases. This rigidity becomes more marked if the limb be moved either passively or by the child, and disappears under an anesthetic. The aphasia so often present is motor in character and may accompany either left or right hemiplegia. Then follows an inequality of growth. This is more marked in the arm than in the leg; a fact probably accounted for by the difference in nutrition due to the more frequent exercise of the leg. I have seen the affected arm three inches or more shortened; it is rare to find the leg over an inch shorter than its fellow.

Of chief interest to us from the point of view of treatment are the following facts:

(*a*) The upper limb is more severely affected than the lower.

(*b*) The lesion of the upper limb is more permanent.

(*c*) The power of dorsi flexion of the hand with simultaneous extension of the fingers is lost.

(*d*) That movements are performed without precision, spasmodically, and slowly.

(*e*) That the power of adduction of the thumb is often lost.

The disabilities of the lower limb are generally:

(*a*) Contraction of the knee.

(*b*) Extension of the foot.

(*c*) Internal rotation of the femur with adduction.

(*d*) General rigidity.

The cerebral diplegic group is by far the most serious, as we have here to deal with both arms and feet. Unless the hands can be used, the surgeon is sorely handicapped in any effort he may make to improve the condition of the limb. Clinically, we may divide this group into

(*a*) Cases with and cases without severe mental complications.

(*b*) Complete and partial disability of hands.

(*c*) Complete or partial disability of limbs.

(*d*) Cases complicated by athetotic movements.

In a number of cases the spasm is confined to the limbs, and this is the group to which we give the name of Little's disease or spastic paraplegia. Of the vast majority of cases even in this last group, a varying degree of mental derangement will be noted, and in many athetotic movements are present. A typical case of spastic paraplegia brought to the surgeon at the age, say, of twelve months is characteristic. Usually no contractions have occurred at the hip or knee; the child's legs are rigid; the toes are pointed; there is usually no internal

rotation, and adduction is not sufficiently severe to cause a crossing of the limbs. The reflexes are exaggerated; the patellar reflex not usually causing a knee-jerk, but a leg-jerk. If the little patient be held by its arms, there is no endeavor made to separate the limbs, and should the toes be brought to the ground, and an effort made by the child to walk, both limbs move synchronously and in parallel lines. When passive separation of the limbs is made, although it is easily affected, one can see and feel the antagonistic efforts of the powerful adductors. If at a later stage the patient is able to walk, several changes will be noted. The adduction will be more marked; the scissors walk will have developed, and a characteristic dragging of one knee around the other will be noted, which becomes more pronounced when any attempt at running is made. The body pressure is mainly transmitted to the ball of the toe. These contractures, however, at this stage, are generally spasmodic, and there is no appreciable shortening in muscle length. This shortening occurs at a still later stage, and is known as contracture.

In quite a number of cases the patients are in a hopeless position as far as walking is concerned. Any effort they make to move only serves to throw the muscles into violent contractions and the legs into extreme adduction. The most severe type of contractions in the legs may be associated with but very slight mental defects and unaccompanied by diplegia.

Before discussing treatment, I will briefly touch upon the pathology of spasmodic paralysis, if only to suggest how futile are operative procedures directed to the primary lesion. The pathological conditions in hemiplegia, paraplegia, and diplegia are the same in kind. The symptoms are due to the retardation of growth resulting generally from embolism or thrombosis together with changes in the spinal cord. In later cases one finds wasting and sclerosis of the motor tracts, with often a loss of substance in the form of cavities or cysts known as porencephalus. These cysts occur on the surface of the brain, and sometimes dip fairly deep into it. They seem to be a late result in a growing brain, and to have produced an extensive scar substitute for cerebral tissue. Should the porencephalus or sclerosis be unilateral, hemiplegia results. If the scar is bilateral, diplegia or spastic paralysis ensues. The lesions, therefore, are a late product of a hemorrhage, an embolism, or a localized encephalitis. In the cord degenerations of the pyramidal tract or the lateral columns are to be found. Sachs and Peterson have analyzed seventy-three autopsies and found the following conditions: Atrophy sclerosis and cysts, 40; hemorrhage, 20; embolism, 7; thrombosis, 5; tubercle, 1; total, 73.

Osler, in an examination of ninety brains, found a vascular lesion in sixteen,—seven due to hemorrhage, nine to embolism.

The treatment of spastic paralysis has been too long in the hands of the physician for much real progress to have been made. Indeed, from medicine in this affection we have nothing to expect, apart from very indirect results, and we have only to scan the text-books on neurology to realize the note of pessimism which is sounded. Even Sir William Gowers, in his "Diseases of the Nervous System," says, "The tendo Achillis is sometimes divided for contraction of the calf muscles in infantile spastic paralysis, but the operation is useless, and ought never to be performed." The same opinion has been pronounced by other distinguished men, so one can see how surgery has been silenced in the matter. I would argue that a large proportion of children suffering from severe spastic paralysis may be transformed into useful members of the community, improved both in body and mind by surgical methods, enabled to walk with comparatively little deformity, many requiring only the aid to be derived from one or two sticks.

The class of cases which we can place outside remedial art is the idiot, the microcephalic, and the violent, irritable type of diplegic, so often seen, subject to fits and active athetotic movements, who has generally lost all control over his secretions. The treatment of any condition short of this may be undertaken with varying success, subject to conditions which obtain in any surgical case requiring prolonged attention. For instance, active treatment may be needed for nearly two years. It would therefore be unwise to admit a case into hospital for two months, and then send it to a miserable home where neglect would be the inevitable sequence. Such a case, however, after hospital treatment, secure in the care of anxious, intelligent parents, no matter how poor, would prove a credit to all concerned. These are important matters which the surgeon must consider before he undertakes his work. Another class which gives the greatest anxiety and trouble is that where the affection of the hands is of such a kind as to promise but slight hope of their assistance to the limbs during walking. Before despairing, however, I think it is well to give such hands the opportunity of a careful trial, both as a mental discipline and because success sometimes exceeds expectation.

I would divide the treatment of all cases of spastic paralysis into operative and postoperative, for, although mechanism is involved in nearly every case, there is hardly a case which we are called upon to treat without invoking operative aid.

Infantile hemiplegia usually affects the arm much more than it does the leg. This is almost invariably the case, and in this particular it differs from diplegia, where, when the four limbs are attacked, the hands are frequently less severely affected than the limbs. Indeed, in hemiplegia the paralysis of the hand is sometimes absolute, and in addition we have a complication in

the shape of rigidity. The behavior of the lower limb differs also from that of spastic paraplegia in that the adductor spasm is proportionately not so marked.

The treatment of the hand and arm in infantile hemiplegia is distinctly less promising than in the diplegic case; but there are clinical signs to which I would draw your attention which help us to prognose success or failure. If the paralysis is complete, or, in other words, if the little patient is never known to relax his spasm, treatment is futile. If he only moves the fingers of his affected hand in conjunction with the fingers of the opposite side, the results will in all probability be discouraging. In all cases where the parents are able to say in the spirit of true observers that the patient is able to do more with the hand now than a little while ago, the success of treatment is assured. Similarly, where any degree of voluntary relaxation of spasms exist apart from an associated movement on the opposite side, treatment is emphatically indicated.

Nothing that the dominant deformity in both hand and elbow is pronation and carpal flexion, treatment should consist in fixing the elbow supine and in hyperextending the wrist. The hyperextension of the wrist should be combined with that of the fingers, and a special arrangement adapted to keep the thumb at right angles to the palm. The spasm in these cases is often so pronounced that the extension of the wrist and fingers must be brought about very gradually. If the elbow is accompanied by contracture of the biceps and brachialis anticus, supination may be combined with extension. If this be not the case, the flexed position of the elbow will suffice. If, instead of being firmly pronated, the elbow lies semiproned, it is not necessary to treat it, and all one's energies should be directed to the hand.

It is difficult to give a reason as to how improvement comes about, but it may be taken as an axiom that prolonged fixation of spastic muscles in a position opposed to their contraction lessens the severity of the spasm. This is true wherever spasm may be found, and its influence may be tested even in spasmodic torticollis, intractable as we know that affection to be. It would appear as if the group of muscles at last got tired of trying to pull. If the case be mild, this treatment may be discarded in about twelve months, if during the whole of that period the extension has been kept up without intermission. The test for relaxation must be the power of voluntary movement, however slow it may be. It will be noted that generally at this stage the patient, in endeavoring to extend his wrist, will first of all close his fingers, and will only open them on completion of extension. The process is reversed when the wrist is flexed. In order to meet this difficulty, the splint

employed to extend both wrist and fingers is modified so as to extend the wrist alone and allow freedom to the fingers. At this stage or earlier, the surgeon may decide whether in a given case success may be predicted, and, if he is in doubt, operation should unhesitatingly be performed. Operation will consist of tenotomy or tendon transplantation; myotomy need only be mentioned to be avoided. An incision is made over the tendon of the flexor carpi ulnaris just above the annular ligament, another is made over the flexor carpi radialis, and both tendons are divided low down and taken: (*a*) the flexor ulnaris to be inserted into the extensor ulnaris, and (*b*) the radial flexor into the radial extensor. I performed this operation some years ago upon two spastic children, whom I showed before the Society for the Study of Diseases in Children, and in both instances voluntary movements were steadily performed, and one, a girl of nine, was able to write quite a respectable hand. At the present time one of the worst cases of athetosis in connection with cerebral diplegia is an inmate of the Liverpool County Hospital for Chronic Diseases of Children. When he entered the hospital, nearly two years ago, both limbs were firmly adducted, contracture had occurred, which had so affected the feet that plantar flexion had taken place with almost evulsion of each astragalus and cuboid, the skin of each dorsum being reddened by pressure from within. The hands were firmly flexed and but little voluntary movement existed. Athetotic movements, more resembling chorea with occasional jerks which almost lifted the patient from his bed, complicated treatment. So far as the hands were concerned, hyperextension such as I have described was practised, and, later, division of the flexors of the wrist. The little patient has steadily progressed. He can voluntarily move his limbs in all directions; with aid he can take a few strides. In order to overcome severe spasmodic pronation of the forearm, Mr. Tubby has changed the point of insertion from the front to the back of the radius, of the pronator radii teres, thus transforming the muscle into a supinator. So far this operation has been performed seven times by him, and I intend practising it on a series of cases during the summer.

Tenotomy alone has proved distinctly disappointing, although one has had an occasional successful case. The operation should be confined to the division of the flexor carpi radialis and ulnaris. It is, in my opinion, better to elongate the other flexors of the hand by a long median incision, such as one would employ in lengthening the tendo Achillis. Tendon transplantation, however, is a better operation, less complicated, and more reliable. The surgeon's art, however, does not end with the operation, and hyperextension of the wrist, leaving

the fingers free, should be practised for a further few weeks. In order to prevent adhesions after the operation, the wrist should be freely, but withal very gently, moved in about a fortnight's time. Whether an operation has been performed or not, the final stages of treatment are identical. They should consist in getting both guardian and patient to strive every nerve to urge and practise movements from simple to complex. The surgeon must inspire confidence and instil enthusiasm. Failure depends upon men as well as measures, and a thoughtless, impatient word of discouragement may paralyze all effort.

The nature of the movements to be practised must be left to the ingenuity of the surgeon. The principle which should govern him may, however, be indicated here:

(*a*) The movements should be practised slowly and without excitement;

(*b*) They should be made interesting to the child;

(*c*) Those opposed to the direction of deformity should predominate;

(*d*) Those presenting the greatest difficulty should be chiefly practised.

Just a word before we deal with paraplegia regarding tenotomy of the spastic muscle. Empiricism has taught us that for some reason or another tenotomy lessens both in frequency and intensity the spasmodic element in paraplegia. I do not merely mean to say that division of the tendo Achillis controls spasm in the calf muscles,—although, of course, it does,—but rather that spasm in which those muscles are not directly concerned is also influenced. This is beyond all question, and must have been noted by everybody who has had the opportunity of observing, and the fact has now reached the robust stage when physiological explanations are vouchsafed.

Whitman urges that by elongation of the tendon the response to the exaggerated motor impulses is lessened, and an opportunity for more effective control is afforded.

Mr. Tubby has propounded the theory that once the immediate pathological effect of the central nervous lesion has subsided, the spinal cord remains in a state of undue reflex excitability. A tightly contracted muscle and tendon tend to augment this condition, and so induce in themselves further contractions. In other words, there is a vicious circle of reflex action which can be interrupted by section of the tendon, and diminution in the tension of the affected muscle and tendon.

Lorenz attributes the good effect to the shortening of the bellies of the tenotomized muscles, so that their range of action is diminished. Both these theories refer, of course, to spasm with which the divided muscle is concerned, and do not explain the

diminution in spasm experienced elsewhere. We must further remember that the opponents of contracted muscles are always elongated and weak, and that the rest afforded them by tenotomies, by relieving them of strain, helps to restore muscular equilibrium.

The practical deduction from these observations is that no opportunity should be lost of performing a tenotomy. Even in mild cases, where a spastic tendon is to be felt, let us ruthlessly divide it.

If the surgeon has decided that a case of spastic paraplegia is suitable for treatment, a splint should be prepared, so designed as to keep the limbs in marked abduction. The area over the hamstrings, the adductors at the groin, and the tendo Achillis, should be suitably prepared for operation. The adductors should be first attacked. An incision an inch and a half long should be made to the inside of the adductor longus. This muscle should be seized by a Spencer Wells or a small Doyen forceps, and about three-quarters of an inch of it removed. The limb is then abducted, and portions of the adductor brevis and gracilis are exsected in similar fashion. The horizontal portion of the adductor magnus and, if necessary, the pectineus is divided, and also any tissues, muscular or fibrous, obstructive to an absolutely free abduction of the femur. Experience has shown me that, although the chief offenders are the adductors longus and brevis, nevertheless the deeper muscles often require division. To any one who has practised the operation, the futility of attempts to effectively divide the muscles subcutaneously will be apparent. Division is followed with but little hemorrhage, and the wounds are closed without drainage. Having exsected the pieces of the adductors, each tendo Achillis is divided subcutaneously and rectangular splints are applied to the foot. The limbs are then well abducted, and the surgeon notes whether there is any obstacle to easy extension of the knees. If there should be (it is not often the case), an open incision must be made on each side of the popliteal space, and the tense hamstrings are in turn divided. If these incisions are long enough, the fascial contraction can be attacked on either side, for it is here that opposition is often found. I would discourage the use of a transverse incision, as, when adopted, it often seriously hampers the surgeon's efforts to fully extend the knee by reason of the strain cast upon the sutures. In 1885, when I was at the Stanley Hospital, there used to be an adult diplegic in a perambulator always at the gates, and on two or three occasions I took him in to try and straighten his contracted limbs. On one occasion I removed about an inch from each of the hamstrings, but he was mentally so deranged that we did not do each other any credit. I mention the fact, however, because Lorenz, of Vienna, has quite recently written on the advantage of exsecting portions of the hamstrings.

We have now presumably got our patient comfortably stretched upon an abduction frame, and we must keep him there for three months. The wounds heal very rapidly, and suppuration has occurred in the adductor cavity on three occasions only, despite the insanitary position of the wounds and the number of operations performed; for instance, in 1890 I operated on twenty-seven patients, and this may be taken as a fair index of my yearly return.

At the end of three months the splint is taken off during the day and movements are sedulously practised. For some weeks stiffness exists, and often the movements are at first painful, but after a time, always shortened by vigorous exercise, the pain disappears, and the effort must be made to walk.

The splints are of a simple kind, designed to keep the knee from bending. The boots should be made of felt with substantial soles. The nurse should be instructed to keep both boots and splints upon the patient day and night, and, for the first two weeks, frequently during the day, abduction, adduction, flexion, and extension of the hip should be practised. This should be done with and without resistance. At night-time the feet should be attached to the side of the bed in order to maintain abduction. After the first few days of this later stage of treatment, the splints should be removed twice a day and the muscles well massaged, and both active and passive movements of ankles, toes, knees, and hips encouraged. Any movement executed in a jerky style should be practised until perfected.

The little patient may now try to walk. It will be noted that one of the difficulties of an untreated spastic when he tries to walk is the narrowing of the pedestal upon which the trunk rests by reason of the adducted limbs. Operation has now overcome this, and with abducted limbs the body is poised upon a widened pedestal. During early training, the nurse must see that, while walking, the limbs are not approximate, and that, from the first, swinging of the limbs must be prohibited. Crutches should not be allowed until the patient has been taught to stand unsupported. I need not enter into any more detail regarding this most important stage of treatment, but would add that it affords an inexhaustible field for ingenuity, and that upon the intelligence and industry of the nurse very much depends.

Diplegic hands are treated on the same principles as I have enunciated in regard to infantile hemiplegia, and they must be trained to hold sticks and crutches with a firm, unyielding grip. I cannot now deal with individual cases, but I may say I have operated on cases from twelve months to twenty years of age. A large number of these were so bad that they had never attempted to place one foot before the other. Some were structurally flexed

(contractured) at ankle, knee, and hip. A most helpless youth of twenty, one limb across the other, was able in six months to stand erect and walk with two sticks, and twelve months later could move his limbs north, south, east, and west, with hardly an appreciable jerk. Success in an ancient case, where so much has to be unlearned, and where the mechanical stage offers such difficulty, proves the accuracy and efficacy of the principles I have endeavored to expound. It is logical to infer that, if old neglected cases are amenable to surgical education, our prognosis should be very hopeful in the young.

With regard to the degree of benefit to be derived from treatment, the parents should be given to understand that under favorable conditions of nursing and tuition the child, aided by the hand or sticks, will be able to walk varying distances in from twelve months to two years, and that with perfectly straight limbs and heels on terra firma. A large proportion of cases will later on manage aided by one stick. Even in the least successful cases, parents, mostly having despaired, are full of gratitude. The mental condition of the children obviously improves when their physical defects are remedied and they are enabled to mix with their little friends. Complete recovery in spastic paraplegia is, of course, impossible.

It will be gathered from my remarks that I wish to urge that the treatment of spastic paralysis should resolve itself into a system. Such a system involves operative, mechanical, and educational stages. The treatment cannot be separated into parts. If the surgeon is not satisfied that the case is to be under his control for twelve months, he will consult his reputation best by leaving it alone. Operations not followed up by careful and prolonged after care give rise to disappointment and discredit. Merely dividing tendons to be followed by massage and electricity is futile and dispiriting.—*Annals of Surgery,* March, 1903.

NERVE NOSTRUMS AND THEIR DANGERS.*

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Medical Superintendent of the Craig Colony for Epileptics, Secretary of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics.

Nerve nostrums and their dangers constitute a subject far too comprehensive for full discussion in the brief time at our disposal, and we will omit the presentations of facts that aim to show what a race of nostrum makers and nostrum takers the American people are coming to be, and take up other matters connected with the

*Read at the Fifty-third Annual Meeting of the American Medical Association, in the Section on Materia Medica, Pharmacy and Therapeutics, and approved for publication by the Executive Committee: Drs. A. W. Baer, A. B. Lyons and W. J. Robinson.

subject that should engage our undivided attention, and which are as follows:

1. Why do people take nerve nostrums; or, indeed, nostrums of any kind?

2. Wherein does the use of nerve nostrums tend to impair the public health?

3. What measures, if any, can we take to lessen or destroy the nostrum-taking habit?

Longfellow plainly expressed a lack of faith in, if not contempt for, nostrums when he wrote

> Purge with your nostrums and drugs infernal
> The sprouts and gargoyles of these towers; not me:

and reference to the meaning of the word "nostrum" shows at once the secret of the power they possess over the public mind.

"Nostrum," says a high authority, means "a medicine, the composition of which is kept secret"; "a quack medicine"; and the key to the whole situation lies in the word "secret." The element of mysticism always holds our interest. It is that alone which gives the juggler's trick its charm. Remove our ignorance as to the manner in which the trick is done, and simultaneously you destroy our interest in the method of its performance.

Vendors of nostrums, with a fine show of commercial shrewdness out of all proportion to any sense of common virtue, understand this frailty, this very common lack of logic on the part of the public mind, and trade freely on our credulity purely for commercial gain. They approach us from every side, in every place, and under all possible guises, with the most marvellous and glowing propositions designed to catch the public eye; then feed the little flame so adroitly kindled by dosing us with things about which we know nothing, and which we are pleased to swallow, in testimony of our simple faith.

The quack's secret is his own and forms his most valuable stock in trade, and often enough it is his only asset. Remove the seal of secrecy from his nostrums and his business of ruthlessly despoiling the public health and depleting the individual purse for the sole purpose of enhancing his own financial gains, will disappear like the mist before the rising sun.

Taking up the second proposition, viz.: Wherein does the use of nostrums tend to impair the public health? We may answer that the empirical use of any drug for the cure of a given disease is less logical and less scientific than if that drug produced morbid conditions. This makes empiricism the basis on which nostrums are supposed to act; and this in itself might not be so bad in some cases if the disease for which the individual is being treated had first been correctly diagnosed.

But that is far from being the case. The mail bag with the quack takes the place of the instruments of precision and personal judgment of skilled physicians, so that the quack is doubly handicapped in his attempts to treat disease; first, by not knowing the nature of the disease he is treating, and secondly, by having to rely entirely on the less scientific principles of empiricism as compared with more rational forms of therapy.

Nostrums, however, do sometimes seem to effect a cure by suppressing the activity of symptoms in diseases like epilepsy. But, after all, it is only suppression, and not cure. In the Craig Colony report for 1898 we spoke of the matter as follows:

"And so it is that the manufacturers of patent nostrums and the great army of quacks who thrive throughout the land find in the epileptic their readiest victim. They beguile him with vivid representations of wonderful cures and then deliberately set about to rob him of his honest means, and what is worse, of what little vigor of constitution he may possess. He is deceived with a drug that suppresses his attacks for a little time, but which does not cure, and which must be taken in such large doses that in time it destroys his mind and ruins his physical health. We are not giving hearsay evidence, but facts, and to make sure of such facts we tried one of the 'surest cures' at the colony with the result that two patients were made temporarily insane.

"A young man of excellent family and personal attainments was admitted to the colony whose malady for the past year had been rapidly growing worse, and who had in his possession at the time of his admission 26 separate and distinct quack and patent remedies, all of which he had been using to some extent. He was at once relieved of them, with the result that he at once began to improve."

Two years later, after having collected much additional evidence of the infinite amount of harm nerve nostrums do in cases of epilepsy, we again referred to the matter in our annual report, citing the following case:

"C. B. M., a young boy, died at the colony September 24, from the direct effects of much drugging with 'R.'s Nervine.' He came to the colony first in January, 1897, remaining here a year and going away very much improved.

"While here he attended school, made very satisfactory progress and bid fair to be able in a few years to return home and take up some vocation. After returning to his home, he grew rapidly worse. He was then made to take 'R.'s Nervine' in large quantities. He rapidly became stupid and apathetic, his circulation sluggish, his skin harsh and dry and his body covered with sores. Still his parents could not see that 'R.'s Nervine' was the cause

of the boy's deplorable condition and continued to give him the poisonous drug. He soon became so bad that he was returned to the colony, but the drugging with the nostrum had gone too far; he did not respond to proper treatment and died very shortly after his readmission. His mental condition, when he came back, resembled that of most pronounced primary dementia."

Numerous other instances similar to this, but in which the nostrum treatment was stopped before it had gone so far, have come under our observation; and we know that nostrums for other nervous diseases produce effects equally as disastrous; and the giving of powerful drugs to patients, concerning whose drug idiosyncrasies he is ignorant, is but another of the quack's dishonorable methods.

We come now to the third proposition, by far the most important of all, and that is: What means, if any, can we take to lessen or destroy the nostrum-taking habit? A well-known clergyman in the city of Rochester lately said, in a public speech, that "the widespread practice of such arrogant quackery as that which universally pertains to-day is a blot on every honorable physician's escutcheon"; and I fear the indictment stands on solid ground.

As guardians of the public health, it is plain that the suppression of quackery is a duty we have not yet fulfilled. To make any impression for good on the unsavory practice will be a long and tedious uphill task, but this ought not to deter us for a moment, and it would seem that now, since the prospects seem so fair for cementing into a closer fraternal union the physicians of the entire country, is a good time to start the work on its way.

There are three things I have to propose that would be effective in lessening or destroying the nostrum evil. Two of them, while less effective than the third, are easier of application; while the third, which would be wholly effective in itself, could only be given force through national legislation.

The first is, an arrangement by which a continuous series of articles could be written for publication in the leading medical journals of the country, and which would specifically and unmistakably set forth the dangers of advertised nostrums; the same articles being afterwards published in the daily papers and in the literary magazines, in the form of standing advertisements if need be. Having the authoritative backing of the best medical journals, such matter would be bound to command attention and respect on the part of the public.

The second plan is to inaugurate in every city a course of lectures to show the evils of indiscriminate medication through patent nostrums, making the object lessons plain and forceful and placing the lecture course on a popular basis.

To carry out these plans would cost something, but there is no question that the money could be raised, either through private contributions, or by an assessment against the members of the medical profession.

The third plan, and the only one bound to be entirely effective if once established, is to have a national law regulating the manufacture and sale of nostrums and the practice of quackery, the feasibility and utility of which has been demonstrated in many countries abroad.

In Austria the sale of any nostrum or arcanum is strictly prohibited, and proprietary medicines may be sold only if their ingredients and the manner of compounding them have been made known. Such medicines, however, can not even then be purchased without physicians' prescriptions, unless they have been designated by sanitary authorities as harmless.

In the same country the law even undertakes to regulate the price to be charged for such preparations, for it provides that whenever the reasonableness of the price of a proprietary medicine is questioned, it shall be rated on the basis of the official tariff approved by the Austrian pharmacopeors. It is evident that patent medicine men do not become millionaires in Austria.

In Belgium the law holds a pharmacist responsible for every drug sold by him, which provision applies to proprietary articles as well as to all others, and requires that in the sale of proprietary articles the composition of the same in detail shall appear in connection with its label.

The French government, the most advanced of any of the nations in this respect, in order to carefully guard the health of its citizens and to prevent the evils arising from the manufacture and sale of deleterious drugs and compounds, has from time to time passed strict laws and regulations covering the practice of pharmacy and the preparations and sale of chemicals for industrial and commercial purposes. The sale of medicinal compounds or remedies, the ingredients of which are only known to the proprietors, is absolutely prohibited in France. The law requires the inventors or owners of such remedies to communicate the formula of their preparations to the minister of commerce, with the list of diseases to which they are applicable, and a statement of the actual trial to which the medicines have been submitted. The National Academy of Medicine then examines the composition of the remedies to ascertain if their administration might be dangerous in certain cases; if the remedies are good in themselves; if they have produced or will still produce beneficial effects on humanity; the proper price is paid by the government to the inventor of a remedy recognized to be useful. This recompense is based on the

merit of the discovery, on the advantages which have been obtained in curing human ills and on the personal advantages which the inventor has already derived from the remedy or may hope to derive from its adoption. An agreement is then drawn up between the minister and the inventor, ratified by a higher authority, and the secret published without delay.

In Germany the use of patent nostrums is greatly discouraged by the German government, and every notice or advertisement of this class of preparations must distinctly embrace an accurate analysis of the ingredients or component parts used in such preparations.

In Russia no proprietary medicines are allowed to be manufactured or sold, this country going further than any other by absolutely prohibiting the manufacture and sale of nostrums of all sorts.

With the English-speaking races it is radically different. In the Dominion of Canada the utmost latitude is allowed in the sale of such things, for they are sold in all grocery stores, the proprietors of which are sometimes underselling the regular wholesale trade.

The same state of affairs exists in British Honduras, grocery stores there dealing in many of the ordinary drugs that are only sold by licensed apothecaries in this country.

In Brazil the law respecting the sale of chemicals, medicines, poisons and other proprietary articles is very strict, and if enforced can not help being of great benefit to the public and a protection to the physician, pharmacist and the druggist.

The Chinese government, on the other hand, has no laws regulating the sale of drugs. Chinese merchants, however ignorant of pharmacy, are permitted to sell drugs so long as they pay what is known as the "liken tax"; and to show the lax manner in which medicines are used in China, the United States Consul translates a prescription for "weak and diseased lungs," consisting of a "decoction made from gentian, apricot kernels, and seven other medicines," without in any way indicating the name or nature of the last seven.

When the medical profession of this country decides to enlist the aid of Congress in formulating laws regulating the manufacture and sale of nostrums, it would seem that they might do well to try and avoid, on the one hand, the Scylla of overcaution, such as pertains in Russia, and, on the other, the Charybdis of utterly false therapeutic license run riot, such as pertains in China, and adopt a midway standard at once just to all, sensible and practicable, like that now in force in the French Republic, and which had its origin under the reign of the Emperor Napoleon in 1859.

To aid in the enactment of such legislation would seem to be a most natural thing for the Association to do, for its Code of Ethics reads as follows:

It is derogatory to professional character for a physician to prescribe or dispense a secret nostrum whether it be the composition or exclusive property of himself or others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone gives it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice.

And, in conclusion, it seems pertinent to ask why the present is not as good a time as any for the American Medical Association to discuss plans for taking the matter to Congress in Washington. —*Journal of American Medical Association.*

THE PSYCHOPATHIC HOSPITAL AN URGENT NECESSITY.

BY ERNEST HALL, M.D., VICTORIA, B.C.

The necessity of an intermediate station between the home and the insane hospital is clearly shown by the following cases that have recently come under my observation:

Mrs. M———, aged 31, two children, the youngest three months old; good heredity, but of excitable disposition. Physical examination showed an enlarged floating kidney, and first degree of lacerated cervix. The care of a large house, and unnecessary domestic responsibilities, with maternal duties, had apparently made a greater demand upon the vital resources than the irritated physical organism could meet; and symptoms of mental collapse were shown in expressions of suicidal intent and various delusions. Fearing trouble, I sent a trained nurse to take charge of the patient, hoping by vigorous treatment to restore the physical system, and give her a chance before removal to the asylum. Matters went smoothly for a few days, until seizing an opportunity when the nurse was washing the baby, she produced a two-ounce bottle of carbolic acid that she had concealed some days previously, and drained the bottle before the nurse could interfere. I saw her within half an hour afterwards, but life was all but extinct; she died a few minutes after my arrival.

Case 2.—Mrs. C———, aged 23; no children; had been ill some time before I saw her; had been given up by two medical men, and ordered to the asylum. She presented a large swelling over the ascending ramus of the maxilla. An examination of the mouth showed the molars badly decayed and giving a most offensive odor. She was very much emaciated. Other parts appeared normal. Urine normal; temperature 103; delirium

had been continuous and active. She was placed upon sedatives, and upon the supposition of dental complication, a dentist was called in consultation, who agreed that the abscess probably resulted from diseased teeth. Under chloroform the molars were removed; the lower third molar on the side of the abscess had attached to its root an abscess mass. Considerable pus escaped. After recovering from the anesthetic, the patient was rational for the first time for fifteen days. Supporting measures were ordered, also an antiseptic mouth wash. In six hours after the extraction, the delirium returned and remained for several hours, but would disappear under forced sleep. Upon the theory of toxemia from absorption from the pus tract, I gave 1000 units of anti-streptococcus serum, repeating the dose in two days. With the exception of septic pneumonia and a bed sore, the progress of the case has been uninterrupted. There have been no indications of mental disturbance since the disappearance of the abscess and the healing of the gums. In her delirium, this patient had run away from her home to that of her sister, fully half a mile away. As the house was small, we experienced great inconvenience in the management of the case, owing to lack of accommodation for the nurses and family, and we realized the necessity of some hospital where better facilities could be afforded.

The frequency with which we come in contact with such cases as are herein outlined, impresses upon all practitioners who are actuated by other than mercenary motives, the necessity of the establishment of specially equipped hospitals, where those who have developed abnormal psychic conditions to the extent that home treatment is impossible or inadvisable, could receive appropriate treatment until it could be satisfactorily shown that the underlying physical lesions were beyond the possibility of early removal, either by the natural forces, or by medical or surgical measures. Those giving indications of chronicity, or undue violence, should be removed to the state institution, as it is at present constituted. The classes of cases that would receive the greatest benefit from this arrangement would, in the opinion of the writer, judging from his limited experience in the treatment of these unfortunates, be : puerperal; toxemic; irritative from pelvic lesions (cystic ovaritis, adhesions, fibroids, retrodisplacements, etc.), or, in general terms, all those classes of cases in which the prognosis under treatment is good; for instance, puerperal insanity in which the expected rate is 75 per cent. Upon the other hand, it would be worse than folly to detain in this psychopathic "suspect station," idiocy, senile dementia, or general paralysis. "A doctor sending a case to an asylum should have in mind that there are two events—either of which will probably make the relatives blame him and say that he has made a mistake in recommending the step—the one, death; the other, recovery within a week or

fortnight after admission. If the latter occur, the patient will likely join in the disapproval." This suggested unpleasant experience could be avoided by submitting cases, first, to treatment in a detention hospital.

In a few of our cities excellent private institutions exist that meet to a certain extent the necessities of the case among the well-to-do, but the masses are yet unprovided for, and it is to meet the requirements of this class that I recommend action in this direction.

We are being continually reminded of the alarming increase of insanity; the lack of accommodation; and the fact that a serious problem is confronting us in this direction. The establishing of municipal detention hospitals would, to a great extent, lessen this congestion; and, since experience has shown that recent cases are more amenable to treatment than those in which the measures for relief have been delayed until the abnormal metabolism of the cortical cells has become somewhat of a mental habit, many of these cases could be returned to their homes which, under the present system, drift hopelessly to utter dementia and death. The existence of such an institution would also tend to keep before our minds the fact, too often forgotten, that many cases of mental trouble are within the province of the physician, and thereby would greater attempts be made to investigate and relieve the underlying physical lesion. In looking over the report of one of our large state hospitals, I find no mention of any attempt to utilize the large amount of material which is at the disposal of the medical authorities, either in thorough physical examination, or in post-mortem, whereby at least some light might be thrown upon the underlying pathological conditions. Can any other department of medicine show such negligence ? With abundant evidence of the application of the simple principles of surgery to this class of cases, it is criminal to pursue such a course of inefficiency.

America has not been without its prophets in the field. Rohe of Baltimore, Manton of Detroit, and others, have demonstrated beyond doubt the satisfactory results of operative treatment of the asylum class. This matter is no longer in the experimental stage. We had better face the facts, and admit that the method of commitment and management—we cannot use the word "treatment"—of the insane is too frequently inexcusably deficient. Political exigencies and personal prejudices should not interfere with an effort to introduce more rational supervision of this department; but, if the political machine must continue to grind out the same kind of product, the only chance for the incarcerated invalid of the future, beyond nature's kind ministrations, is in the institution of the hospital that I have endeavored to outline; then the state hospital will become in effect what it virtually

is at present—a place of confinement for those who are dangerous to the community.

[In our May number we published a letter from Dr. Hall, in which reference was made to an article by him that appeared in the *Medical Sentinel,* Portland, Ore. Through lack of space we were obliged to withhold its insertion in the Journal until this issue.]

DISEASES TREATED AT THE NAUHEIM SPRINGS AND THE REMEDIES FOUND THERE.

Bathing Cure.—Within the last ten years, among other diseases treated at Nauheim, affections of the heart have taken a prominent place. Derangement in the nourishment of the muscular organism of the heart, chronic inflammation and fatty degeneration of the heart, and, as a consequence, enlargement of the heart; inflammation of the valves of the heart, following rheumatism of the joints; nervous disorders of the heart, and the calcification of the heart vessels, are diseases which have been treated at Nauheim with great success.

The Nauheim springs have also a very favorable effect on gout. They have both the bathing and drinking cure. Gout patients who are too stout to undergo the drinking cure have received great benefit from the use of carbonic acid thermal salt springs.

The waters have a similar excellent effect on acute, chronic joint and muscular rheumatism; further, in diseases of women, especially in chronic inflammation of the womb.

Numbers of patients visiting Nauheim suffer from spinal and nervous disorders. The fact that these numbers increase year by year, proves how highly the action of the Nauheim springs is valued by such patients. Also the treatment of scrofula has been very successful. Besides these diseases, every year they treat a great number of the following diseases: Chronic inflammation of the kidneys; general weakness; convalescence after severe illness; diabetes; anemia, and all diseases due to stagnation and obstruction in the vascular and lymphatic systems.

The Nauheim springs act as a strong stimulant to the circulation and this action is also supported by the stimulation and diminution of the heart's action which takes place after using the waters.

The Drinking Cure has (1) a stimulating effect on the stomach secretions, and in consequence a favorable result on dyspepsia, chronic stomach affections, etc.

(2) An opening effect on chronic intestinal affections, plethora, liver complaints and constipation, as well as giving great relief in hemorrhoidal affections.

Besides this there must not be forgotten the favorable effects on gout and chronic bronchitis. Spraying the affected parts with

a salt solution is frequently a valuable aid in the last mentioned disease. The remedies found in Nauheim are more numerous than in any other watering-place. For the baths there are *three large carbonic acid thermal salt springs.*

1. Spring 7. (Large spring.) Bored in 1839-41, natural temperature 30.5. Solid particles are 26.35—amongst these are 21.82 chloride of sodium and 1.26 absorbed carbonic acid gas.

2. Spring 12. (Friedrich Wilhelm Spring.) Bored 1852-1855, natural temperature 33.5 deg. C. It has 35.35 solid particles—amongst them 29.29 chloride of sodium and 1.0 absorbed carbonic acid gas.

3. Spring 14. (Ernst Ludwig Spring.) Bored 1900, natural temperature 31.2 deg. C. Solid particles 29.7—amongst them 24.0 chloride of sodium and 1.19 absorbed carbonic acid gas.

From the water of these three springs are made:

1. *Salt baths.* The water used for these baths is *freed from carbonic acid and lime combinations*, by means of a graduator and can be used as pure salt baths of any strength up to 10 per cent.

2. *Thermal baths.* The water from the three (sprudel) springs falls into the basins or wells and from there is conveyed to the cisterns. A considerable quantity of free carbonic acid gas escapes from the basins or wells, and owing to contact with the air the oxide of iron, which is soluble in water, becomes insoluble protoxide; therefore the water of the thermal baths has a yellowish red appearance. Besides a part of the free carbonic acid, which escapes only slowly from the cistern, there is in thermal water a great quantity of half-bound carbonic acid gas. In combination with solid particles the carbonic acid gas effects great healing results, bringing blessings to many thousands every year. As the thermal baths contain less free carbonic acid than the sprudel, the effect is milder and even the weakest patient can bear them.

3. "*Thermal-sprudel*" *baths*, *i.e.*, thermal baths which contain an abundant supply of carbonic acid gas.

At a certain point the spring is connected with a reservoir; the loss of carbonic acid gas is limited, as the connecting pipes are laid underground. By this means the water never comes into contact with the air, so that the conversion of the ferric oxide contained in the water to protoxide of iron is prevented, the water is also kept quite clear. The isolation of pipes and reservoir serves to preserve the natural temperature of the water.

4. *Sprudel baths.* The water of these springs is conveyed to the cisterns under the earth, before coming into contact with the air, therefore the iron is still in solution and comes perfectly clear into the cistern, besides retaining its full amount of carbonic acid gas.

According to the distance it has to be conveyed the temperature of the water is lowered by $\frac{1}{2}$ to 1 per cent. The temperature of the Sprudel baths from springs 7, 12 and 14 is from 30 to 33 deg. C. It is a very suitable bath, as in consequence of the

amount of free carbonic acid gas it acts as a stimulus to the skin besides creating a warmth.

The sprudel baths are very strong. In certain circumstances they have strong effect on certain diseased organs, and should only be taken by medical advice. In unsuitable cases, or by neglect of necessary precautions, the success of the bathing cure might be endangered, whereas if rightly applied they are most beneficial.

5 and 6. *Thermal stream or current baths and sprudel current baths.* The sprudel water in these two kinds of baths is being continually renewed in the bath and consequently the contents have the same effective agents, besides giving a stimulus by the mechanical wave movement. *The healing effect of the Nauheim baths is owing, without doubt, not only to the amount of salt and carbonic acid gas contained in the water, but also to the solid particles combined with the carbonic acid contained in the Nauheim springs. These solid particles are chiefly potash, magnesia and others.*

COUNTRY SURGERY.

BY F. E. BURGEVIN, M.D., SPIRO, I.T.

HAVING been requested to furnish some notes of my surgical cases for the *Surgical Clinic*, I respond with pleasure to the call of duty, a labor of love, as it were. Here at Spiro in the Indian Territory, we do not possess the same facilities for operating as are enjoyed by the surgeons of Chicago, but excepting a few victims of railroad accidents who were promptly shipped to the railroad hospital at Kansas City, under care of the chief surgeon, I have not had to send away many surgical cases. As a rule we do our own surgery, and while we cannot show as brilliant results as Senn, Ochsner or Morris, we "get there just the same." I have not yet been so unfortunate as to lose one of my surgical cases. Of course that is more luck than skill.

I will illustrate by a few emergency cases just how we do our surgical work, that the younger and more timid brethren may take heart. Remember we have not the resources of a hospital to fall back upon, and are not overburdened with instruments or appliances.

CASE 1.—Purulent hepatitis. Mrs. T., 29, one child, 4; for three weeks had been under the care of another physician, who had diagnosed appendicitis and advised an operation, which was refused. I found a large tumor in the right hypochondriac region, eighteen inches in circumference, reaching from the upper edge of the liver to within one inch of McBurney's point; firm, symmetrical, tender on pressure, no discoloration or fluctuation, considerable pain not entirely relieved by opiates, temp. ranging from 102 to 103.5, pulse 100 to 112, face flushed and anxious, history of chills and fever, with gradual onset of present symptoms complex.

Diagnosis, abscess of the liver, by exclusion. She grew steadily worse in spite of our best efforts, and they consented to an operation. My associate and I put her under chloroform, and an explanatory incision was made the full length of the tumor, about five inches, dissecting down to the abscess cavity through the superimposed tissues, feeling our way, so to speak, as we both realized that we were treading on holy ground. However, the abscess, which originated in the superior lobe of the liver, had been pretty well walled off from the peritoneal cavity. We evacuated about a quart of greenish pus, then attaching a small nozzle to a two-quart fountain syringe we scoured out that same cavity, first with a gallon of plain hot water, then with a hot solution of Hydrozone, which was continued until foaming ceased. The cavity was then packed with iodoform gauze, the wound brought together with catgut, leaving an inch open at the lower end for drainage: the edges cleaned with pure Hydrozone, then dusted thickly with boric acid. Gauze and a bandage completed the dressing.

The alarming symptoms that presented were met with hypos of glonoin and strychnine. Calcium sulphide was given a free hand from the beginning. We removed the gauze on the third day, repeated the washing with hot solution of Hydrozone and dressed as before: not a drop of pus was seen after that, and healing was rapid. She had no more pain or fever after the operation, and made a record-breaking recovery.

Case 2.—Boy, 15, jumped off a train while in motion and was thrown against a side-track, cutting a deep gash in the forehead over the right eye. An hour later I found him comatose, pupils contracted, insensible to light, pulse thready and fluttering, considerable hemorrhage. Strychnine and glonoin brought about reaction, and the wound was carefully cleansed according to my usual method with Hydrozone, stitched together and dusted over with iodophyll. Reaction was met by a cold hood, aconitine and eliminants. The boy was soon well.

These cases are taken in the order as they occurred, and seem to show what we have been doing in this line recently, and how we country practitioners handle emergency work.

In another report I will give an account of some of our surgical procedures for the relief of chronic diseased states, and what we have been able to accomplish in that direction.—*The Surgical Clinic*, March, 1903.

Public Lecture Courses by Physicians.—The Board of Education of Philadelphia, in conjunction with the University of Pennsylvania, has established a course of lectures, given in the public schools, in which members of the University Faculty discuss interesting subjects in the sciences and the arts, in history, medicine, etc., in a popular and instructive vein. Lectures are being delivered upon Bacteriology, Hygiene, Sanitation, Typhoid Fever, and other important themes.

The Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

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Editorials.

THE PREVENTION OF TUBERCULOSIS IN THE PAST.

THE efforts now put forth in different parts of the civilized world and the regulations made to put down tuberculosis seem petty when compared with what was done for the same purpose in some parts of Europe during the eighteenth century.

The first edict against phthisis was issued in 1751 by order of Ferdinand VI., King of Spain, and was of extreme severity. As it is of some interest in connection with the history of phthisis,

showing the views current among the physicians and people of Spain as to the infectiousness of phthisis, we publish a translation taken from an article by Dr. Landouzy, in *La Presse Medicale,* April 11th, 1903:

"Experience having shown how dangerous is the use of linen, furniture and articles which have been used by persons afflicted with, or who have died of, hectic, phthisical or other contagious diseases, we enjoin on all physicians to give notice of those persons who are sick with, or who have died of, phthisis.

"So that the alcade may cause the linen, clothing, furniture and other objects, used personally by the patient, or which have been in his apartment, to be burned.

"So that the alcade may, also, order the apartment in which the patient died to be replastered and whitewashed; and the flooring or flagging of the room or alcove, in which the patient's bed was placed to be changed.

"Besides, a registration must be kept of places from which clothing, found in the shops of second-hand clothes' dealers, comes, with information as to the names and residences of the vendors, as well as the persons who have used the linen and garments, dealers in old clothes ordinarily doing business in contaminated goods. The alcade shall issue a paper, attesting that the said goods are free from contagion; this paper shall be the sole authorization by which dealers in second-hand goods will be allowed to keep or sell such goods. Any physician who will not give notice of consumptive patients, or those who have died of consumption to the alcade of his quarter, shall incur: for the first offence a fine of 200 ducats and suspension for one year; for the second offence a fine of 400 ducats and the punishment of exile for four years.

"All other persons (infirmarians, domestics, persons in attendance on a consumptive patient), who will not report the case, shall incur a penalty of thirty days in prison for the first offence, four years in the bagnio for the second offence.

"Civil, religious and military authorities shall cause to be burned in civil and military hospitals all linen, which shall have been used by phthisical civilians or soldiers."

From Dr. Mays' book on "Consumption, Pneumonia and Their Allies" we extract the following:

"Equally severe laws were introduced in Tuscany. Among

other regulations patients were enjoined to expectorate only in special vessels of glass or glazed earthenware, which were to be emptied and cleaned frequently. These laws were strictly enforced for thirty-nine years—until 1783—when, on account of a want of support on the part of the medical profession, they were repealed by the Grand Duke, Pietro Leopoldo, 'as being a cause of bitterness, dissatisfaction and vexation.'" Similar laws were also passed in the State of Lucca, in Pesaro, in Venice and the Papal States.

In 1782 most stringent laws for disinfecting the belongings of consumptive patients were introduced into the kingdom of Naples by Ferdinand IV., and they were maintained for more than fifty years. Yet, among other things, Dr. A. L. Pierson, wrote of a Neapolitan hospital, in 1834, as follows:

"One can hardly realize that so much has been said and written to recommend this city as a residence for consumptives, when some of the best informed Neapolitan physicians estimate the deaths from consumption among the residents at one-fourth of the whole mortality." Dr. Mays continues:

"It seems, therefore, if the death-rate from consumption was the same in Naples at the time these laws were abolished as it was in other cities in which segregation was never practised that the practical value of such measures was entirely negative."

While the Italian statistics show that repressive measures passed in the eighteenth century failed to save the Neapolitans from phthisis, a more accurate understanding of the exciting and predisposing causes of phthisis enables the medical advisers of to-day to achieve better results in the preventing of phthisis with less stringent measures.

Notification is just as necessary now as it was in the eighteenth century; but the health officer of to-day busies himself in the destruction of the sputa of a phthisical patient, and is satisfied with ordering the sick man's linen to be boiled instead of committing it to the flames.

According to the Spanish regulations the infection of phthisis was supposed to emanate from the body of the patient, or to be communicated to the well from articles used by the patient, in the same way that scarlatina is communicated.

These views are known to be erroneous, it having been proved that physicians and nurses, who wait on consumptive patients, do

not catch the disease from them, although physicians and nurses, who wait on typhus cases, often catch that infection and die of it.

The genuine cause of phthisis has been discovered by Koch, and outside of notification, preventive measures should be confined to the destruction of the bacillus tuberculosis.

The contract is certainly a large one, but this is a strenuous age. However, even if notification should become general, and if a crusade against the bacillus tuberculosis should be preached, philanthropists, capitalists, legislators, sanitarians and all who wish to lessen the morbidity and mortality of consumption should strive, among their other good works, to raise the scale of wages, to feed the hungry, to assist the unfortunate, to purify water supplies, to prevent infective disease of every kind, to put down alcoholism, to improve the conditions of ventilation and heating in house, office and factory, not forgetting to add, when possible, a tinge of kindness to brighten the gray routine of the toiler's life.

J. J. C.

THE ADVERTISING OF PROPRIETARY MEDICINES IN THE SECULAR AND MEDICAL PRESS.

It appears that the Austrian Government is going to take a hand in the repression of quack advertisements in the newspapers. Last November the Minister of the Interior of the Austrian Government addressed to all the governors of provinces in that empire a circular calling their attention to the immense amount of advertising of infallible cures and methods of treating diseases, published in the political journals. He thought this extension of quackery was inadmissible, and that such methods of advertising being really equivalent to the illegal practice of medicine should be looked after by the legal authorities, whose duty it is to regulate such matters. He invited all functionaries and medical health officials connected with the Government to bring all such advertisements to the notice of the governor of the province, so that they might immediately advise the procurator of the province, whose business it is to take action in such matters.

In the *British Medical Journal,* April 4th, 1903, we notice that a German Society for the Repression of Quackery has been founded at Berlin. Among the members of the society are a large number of laymen, as well as medical practitioners. The

objects of the society are to enlighten the public mind as to the harm done by quackery to the public health, and as to the proper cure of the sick. In furtherance of these objects a regular propaganda is to be instituted. Public meetings will be held and addresses delivered; leaflets will be distributed, and other means of educating the man in the street will be adopted. A weekly journal is to be founded, in which all the misdeeds of quacks will be published and brought to the notice of the public authorities. The society will do its utmost to influence legislation for the repression of quackery, and to ensure the enforcement of existing laws. The subscription has been fixed at one mark, in order to make the membership of the society accessible to all who are interested in the promotion of its objects. An opposition to the advertising of proprietary medicines in the secular press is also becoming active in the medical press of the United States. Thus in the *Medical News* of April 4th, 1903, Dr. Mattison, of Brooklyn, N.Y., warns against the number of nostrums—nervines, antineuralgic pills, powders, tablets and liquids—so much heralded and lauded for the relief of pain and nervous unrest, but which have morphine as their active part. He states that in one largely advertised liquid preparation there is one-eighth of a grain of morphine in a teaspoonful.

Dr. Mattison also alludes to the various nostrums containing cocaine, so much lauded for the relief of coryza and other nasal ills. One of these nostrums contains 1⅞ per cent. of cocaine. He states that the abuse of cocaine arising from its employment in colds and in nasal catarrh is common, and that many wrecks are the result.

We also notice that at the May meeting of the Toronto Local Board of Health, "Dr. Noble said that the morphine and cocaine habits were becoming prevalent, due largely to the use of patent medicines." The Medical Health Officer and the City Solicitor are to look into the possibility of a by-law dealing with this subject. On May 7th, 1903, the druggists' section of the Retail Merchants' Association of Toronto met and passed a resolution asking druggists to curtail the sale and use of narcotics and injurious drugs, except when called for by a physician's prescription. The local branch will seek the co-operation of all druggists in Canada in this crusade. Of course it goes without saying that in Canada, as well as in other countries, the objectionable

preparations are brought to the notice of the public by advertisements in the papers.

In defence of the practice of advertising proprietary medicines writers in the secular press contend that (1) physicians occasionally employ such medicines without acknowledgment; (2) that tonics, alteratives, purgatives, anti-venereal remedies, etc., made according to proprietary formulæ, are advertised in the medical journals.

If proved in a given case, the first charge in this indictment would show that the physician had faith in a proprietary article, but lacked the courage to confess it, and give credit where credit was due.

That proprietary medicines are advertised in medical journals is quite true; but the readers of medical journals are severe critics and do not hesitate to discard a remedy, if found lacking.

From the standpoint of ideal justice, it would be in keeping with the highest instincts, tendencies and practices of medicine, were the composition of proprietary preparations revealed as well as that of the pharmacopœia. To the average practitioner, however, the actual method of compounding a preparation is of little moment; its real value as a therapeutic agent is what interests him. If satisfied that it is a reliable preparation, he uses it with confidence for the benefit of his patients. In all cases he can obtain either the chemical formula of the preparation he uses, or the names of its component ingredients. In this connection we notice that the Committee on Nostrums and Drug Addictions of the American Medical Association reported at the recent New Orleans meeting, "that the manufacturers of proprietary medicines be requested to print the scientific names under the trade names of all pharmaceutical or chemical preparations."

The point is well taken, and we think that it would be more satisfactory to physicians if, in the case of preparations competing for their favor, this practice were always observed.

On the other hand, medicines advertised as cures to the laity should not be entitled to the patronage of physicians, or admitted to the pages of reputable medical journals, and it matters little whether their composition is known or not.

Speaking generally, we would say, in reference to proprietary medicines advertised in medical journals, that (1) these medi-

cines are skilfully made; (2) their owners are anxious to merit the favor of physicians, and (3) physicians will certainly take advantage of any improvement in pharmacy in order to be better enabled to treat disease, *tute, cito et jucunde.*

To place edge tools in the hands of experts, in order to assist them in doing their work, is one thing; to place tools, of every description, good, bad and indifferent, in the hands of credulous or neurotic people, is quite a different thing J. J. C.

NEW ORLEANS—AN IMPRESSION.

To stay for ten days in the Crescent City, New Orleans, is a never-to-be-forgotten pleasure. The blending of the old and the new, the entwining of the Spanish, French and English in this city of two centuries, seem, to its life, like willows on the bank of a stream as they meet, bend over, mingle, then "dip and dimple" its clear dark face—surely a revelation to the Northerner and an unending source of interest.

First, we visited the old French market, where meat, vegetables, fruit, dry goods, in fact almost everything, from the staff of life and a cup of *café noir* to a tiny Saint Joseph, can be purchased. The odors there would certainly cause the Toronto Board of Health to call an emergency meeting. Surface drainage prevails largely in the old part of the city and, judging by appearances, it should be a good place to cultivate water lilies.

Some of our contemporaries, no doubt, may dwell upon the subject of the surface drainage and have a mild attack of microbe panic; however, fourteen million dollars has been appropriated by the authorities with which to thoroughly and in the most up-to-date manner drain this otherwise delightful city of New Orleans.

From the contemplation of drainage and the antics of numerous pickaninnies, it is only a step into bright streets and glorious flower-decked squares. A glimpse into the old historical Cathedral of St. Louis, and out again into the sunshine, passing here and there a tiny girl's figure clad in white, flower-crowned and tulle-veiled, carrying prayer-book and silver beads, the personification of childish innocence, on her way to her first communion. Many a handsome creole, over-dressed and bedecked darkies, and occasionally a beautiful, quaint old lady arrayed in silk, old lace, mittens and jewels—in fact, a veritable marquise; then the typical Americans who have made this flower garden their home; and

very much in evidence about four thousand men and women, badge adorned, looking, admiring, greeting one another, come to cut their little caper at the meeting of the American Medical Association.

The headquarters of the Association was the New St. Charles Hotel. Thronged always was its large foyer and spacious palm room, with a contingent of the two thousand and odd physicians who registered at the 1903 meeting. Twice previously had the Crescent City entertained the American Medical Association—in May, 1869, and May, 1885. In 1869, one hundred and ninety-one members, and twenty-seven by invitation, signed the register. Strange to say, at that time, Dr. W. O. Baldwin, of Alabama, was president, and his opening address was mainly devoted to the consideration of medical education, and in 1903 Dr. Frank Billings, of Chicago, the president, in a broad, convincing manner, dealt with the same subject. The opening session was held in the Tulane Theatre and the address of welcome was given by Mayor Capdevielle on behalf of the city, General Leon Jastrenski on behalf of the State, and Mr. Henry P. Dart on behalf of the local bar. The president gave an able address on "Medical Education in the United States," dealing with medical colleges, the large number of their graduates, scientific medicine, the important discovery of Pasteur, the practical methods of Koch in bacteriology marking a new era in medicine, the greatest advance in medical knowledge having taken place during the past twenty years, touching also upon Jenner and the evolution of Listerism, applied medicine and surgery. Dr. Billings concluded with a forceful appeal for the highest grade of medical university and college, and for the obliteration of those proprietary medical schools which are conducted solely as money-making institutions. Dr. J. M. Anders, of Philadelphia, gave the oration on "Medicine." Dr. Jonas, of Nebraska, read a paper on "The Progress of Surgery." A handsome portrait of Dr. T. A. Richardson was presented to the Hall of Fame, the presentation speech being made by Dr. Souchon. It seemed an odd coincidence that, just ere leaving Toronto, a similar presentation had taken place and the two distinguished medical gentlemen were the same in name and strangely alike in attainments. The late Dr. T. A. Richardson, a Kentuckian, born in 1827, was a student of Dr. S. D. Gross. Dr. Richardson was a wonderful dissector, and many of his specimens are in the Tulane University; and it was said he was its first one to use English names in his lectures and in his book on Anatomy. He filled the Chair of Anatomy in the University of Louisiana, then during the war he was

an army surgeon, and at its close he became Dean of the Medical Faculty of New Orleans. In 1877 he became President of the American Medical Association, meeting in Buffalo, being the first president elected from a Southern State. Before his death he donated $100,000 for the building of a new medical college in New Orleans; ere its completion (1894) he died (1892), and it now bears over its door the inscription, "Richardson Memorial."

At this year's meeting some valuable papers were read and discussed in the various sections, and many well known, either personally or by name, to Canadian physicians were present, both at the Medical Editors' meeting, convening the day previous to the General Association, and the larger meeting with its delegates from "everywhere." At the conclusion of the Editors' practical and extremely interesting sessions, a French dinner was served at the famous "Antoines." It was a huge success. The quartette was the best of its kind it has ever been our pleasure to listen to, and as for the dinner it was wonderful—a thing to enjoy, and, perchance, to ponder over.

Among the many present at the Medical Association, Prof. Adolph Lorenz was, of course, the centre of attraction; he was alternately praised, condemned, criticised and lionized. Certainly, to meet and converse with, he has a peculiar charm of manner and is retiring and quiet, without a suspicion of braggadocio, nor seeking in any way the newspaper notoriety that has been thrust upon him. To watch him operate (he gave three hospital clinics at New Orleans) and see the strength he expends and purposeful manipulation he exercises during the entire operation, commands admiration from even the most supercilious critic. In one case, an extremely difficult one, he could not attain his object without the use of the knife, however; so out of three operations performed, he claims two successful bloodless ones, and one surgical one, of which he is also hopeful as to its ultimate success. At the close of the meeting the usual rivalry of cities for the holding of the next annual convention occurred, Atlantic City becoming the victor, with a promise that the long-delayed statue being erected to the honor and memory of the gifted Dr. Gross in Washington should be unveiled in that city immediately after the close of the 1904 meeting.

A Fête Champêtre in the city park, making magic in the night, was a fitting close to a week of profit and pleasure; fireworks, music, rarely beautiful illuminations, refreshments, and the stately "duelling oaks" keeping watch over all, as the stranger listened to tales of how honor was vindicated and pistols were ordered for

two, with coffee for one, in the old days, when life was lightly valued, for "loved they not honor more?"

With the warmth and open-hearted hospitality which is a heritage of the South, the Committee of Resident Physicians and their wives and several of the social leaders, among them Mrs. Huestis, Mrs. Curtis and Mrs. Delgado, one of the most beautiful of ladies whom one could easily believe had just stepped out of an old portrait, arranged everything possible in the way of entertainment for the Association. A reception in the Palm Garden of the St. Charles was given on the opening day, where one renewed many old acquaintances and made many a new one, an interest inspired by a common life-work adding the ready charm and spirit of *bon-camaraderie*. Two of the châtelaines of magnificent homes, whose names we have just mentioned, gave evening receptions for the visitors, and the size and beauty of the mansions, with galleries (verandahs all around, overlooking gardens whose pathways have surely often been trod by Southern man and maid, Dan Cupid smiling and stringing his bow as he listened to their theme, and the soft breeze whispering through the overhanging branches, "It is well."

Few indeed were the physicians and their wives who did not remain after the activities of the meeting to enjoy the luxury of holidaying and sight-seeing in and around New Orleans. The facilities for sight-seeing are greatly enhanced by the fine electric car system: it is about perfect. No end of enjoyment can be obtained by taking the various belt-lines to suburban points and beautiful parks, especially, perhaps, Audubon Park, where the live oaks are magnificent and grow to an enormous size, all festooned with garlands of moss (an air plant). The rich green of the sturdy oaks and the soft grey tones of the clinging moss, the cool breeze laden with the perfume of the magnolias, and the varied bird songs so high and clear, made life, for the time, a day-dream, and the world an enchanted land.

The Government Experimental Farm is situated in a part of Audubon Park, and there we saw, under process of cultivation, fig trees, dharjeeling tea, cotton, banana palms and a host of the other fruits of the earth. In one of the buildings we noticed an artist modelling, first in clay, the figure of old "Meph"! which is to be moulded in sulphur for exhibition at the World's Fair in St. Louis.

The levée or embankment, that says to the Mississippi, "Thy sentinel am I," is strangely made—bags upon bags filled with sand, piled closely one upon another, then filled in compactly with earth and built up to a considerable height—and seems frail

indeed to keep back the mighty overflow of the great river at its flood-tide, whose natural bed is considerably higher than the city, which lies below it in a sort of basin.

The school system is remarkably good—of Public Schools there are about seventy. Thirty of these schools were built or bought through the endowment of John McDonogh, about whose name clings a romance which all the New Orleans people are anxious to repeat to visitors. This gay young bachelor, living in magnificence, fell in love with the beautiful daughter of the Spanish colonial philanthropist and magnate of New Orleans away back in the early part of 1800. His suit was indignantly rejected; he became a morose miser, and, dying in 1850, he left his immense fortune to the cities of Baltimore and New Orleans ("share and share alike") for the education of the public. The only condition was that the school children of the city Public Schools should once every year strew his grave with flowers.

The Tulane University is full of interest, also the "Sofie Newcomb" Memorial School for girls, formerly one of the most beautiful of residences, with its spacious gardens, where we noticed a sketching class copying a huge banana palm in flower. The chapel, gymnasium, library, and near by, in a separate building for the purpose, the "Sofie Newcomb" pottery, speak well for the high grade of the attainments of the young ladies of this Southern city.

Woven into the warp and woof of the education of the women of Louisiana is the old Ursuline Convent, overlooking the Mississippi, surrounded by flowers and trees, its quiet and stately setting impressing all who pass by. Wishing to see the historical chapel and listen to the chanting of the nuns, one of our party rang the door-bell and we waited. Only a tiny grating in the panel of the door was opened, and we were told it was a cloister, and visitors could not enter. Shut away from the world, these consecrated women—part of whom have taught the mothers of Louisiana and helped to make its history—exist, their daily food fruit and vegetables. They pass their uneventful lives "like a tale that is told," glorifying the convent chapel with the strange music of the old Gregorian chants.

A stranger is much impressed by the many buildings with the prefix "Memorial" to the name inscribed over the door-way, and the handsome monuments situated in the city squares, among these the statue erected by the ladies of New Orleans to the memory of Margaret Haughery, the humble toiler who many years ago kept a

little bakery and even then in her poverty supported a few orphans. Her business grew, although she could neither read nor write. By hard work and careful investments she amassed a fortune and established an orphanage. At her death she left her entire wealth to build or maintain orphan asylums. Respected and admired by all during her active lifetime, her monument is a credit to the city. In the square called by her name, there she sits, Margaret to the life—plain dress, crochet shawl, and old chair—ever watching the orphans at play, just as she used to do. This is said to be the first monument erected to a woman in the United States.

The cemeteries of New Orleans are exceedingly beautiful as to situation, and costly and tasteful are the tombs and vaults erected in these large cities of the dead. All interment must be above ground, because as soon as the digging of a grave is commenced it immediately fills with water. A system of graves or vaults, that resemble "ovens," are built (above ground). Those who have not the means to buy a plot and erect a marble tomb for the encasement of their dead, can purchase for about eighty dollars one of these vaults imbedded in a wall of masonry. After two years have elapsed, if another member of the family should die, the coffin of the first occupant is broken open, the bones removed to the back of the vault and the new coffin placed in the vacated space. Ever in the case of the poor the old adage seems to apply, "Necessity is the mother of invention."

The recently built-up part of New Orleans, especially St. Charles Avenue, contains some of the handsomest residences and gardens in America. The huge palms, flowering trees and shrubs, the size and grandeur of the stone palaces owned by the newer blood and bought with lately acquired wealth are luxurious beyond description.

In the space allotted to these few scattered notes in this journal, and written, as they were, on the train *en route* home, to be in time for this issue, it is impossible to include the mention of the many other places of interest it was our privilege to visit and admire. All about the city a quaintness, a picturesqueness, a beauty all its own, charm one and make one long to linger amid such surroundings.

Always shall we speak and think of New Orleans as we saw it: a varied picture of life, nature's garden, fragrant with the breath of early summer and full of its sights and sounds. Not as the skilled botanist do we pose, who pulls apart the blossom as he contemplates it, counts its petals, examines its stamen and pistil and

then classifies it; but rather as the child who inhales its perfume, rejoices in its beauty, smiles and exclaims, "Oh, pretty flower!"

W. A. Y.

NOTICED AT THE AMERICAN MEDICAL ASSOCIATION.

Among the more prominent physicians who attended the Convention of the American Medical Association at New Orleans, La., last month was Dr. J. L. Wiggins, surgeon at East St. Louis, Mo., to the Illinois Central Railroad. "There's no question about that." "You understand." This gentleman told some stories (?) of the South, much to the amusement of many Northerners. One especially which "brought down the house," referred to New Orleans robins getting drunk on china berries, the other being a yarn about the City Court House sinking one story. Neither yarns were entirely corroborated.

Dr. Lester Keller, of Ironton, Ohio, surgeon to the Chesapeake and Ohio Railroad, and a man who can diagnose variola from chicken-pox, though it is said that all the practitioners around Ironton cannot, was also at the American Medical Association. New Orleans is known all over the world for its "gin fizz," and, though Dr. Keller is the most abstemious kind of a man, and whose appearance is such that it is not necessary for him to wear the blue ribbon of temperance in the lapel of his coat in order to assure the public as to his daily habits, yet a report became rampant around the New St. Charles Hotel, ere the meeting came to a close, that gin fizzes were being fairly "thrown at" the Doctors, among them Keller. About the same time Keller, so it was said, bought an alligator. At least that's the all-e-ga-tion.

We greatly missed meeting this year Dr. Thos. H. Manley, of New York City, with his hearty handshake and genial manner. Doubtless pressure of work at Harlem Hospital prevented his getting away this year.

Dr. McCoscar, of Fort Wayne, Ind., was present and made himself just as agreeable as of yore. He was as well "groomed" as ever and, if anything, a little better-looking and younger in appearance than twelve months ago.

Dr. Lorenz, of Austria, struck everyone with his magnificent physique, six feet, four inches, and built proportionately.

Ex-President Reed, of Cincinnati, O., was, as usual, on hand, just as warm-hearted and good-natured as ever.

Dr. Marvel, of Atlantic City, N.J., was present, and won his point in securing the 1904 meeting for the city by the sea, which he is fortunate enough to call "Home."

Dr. Geo. H. Simmons, Editor of the Association, had no trouble in getting re-elected for another year, so satisfactory has been his work.

Dr. Musser, of Philadelphia, Editor of the work on "Medical Diagnosis," is indeed a good choice for president, and he has the satisfaction of knowing that his election occurred after he had left for home.

Among the medical editors present were Dr. Winslow Anderson, of the *Pacific Medical and Surgical Journal*; Dr. Sajous, of Philadelphia, elected President of the Medical Editors' Association for 1904; Dr. Macdonald of the *International Journal of Surgery*; Dr. J. J. Taylor, of the *Medical World*, Philadelphia; Dr. Taylor, of the Medical Council, Philadelphia; Dr. Emory Lamphear, of the *American Journal of Surgery and Gynecology*, and Dr. Ball, of the *Tri-State Medical Journal.*

EDITORIAL NOTES.

Cocain-Adrenalin Anesthesia for Inflamed Tissues.—Dr. Foisy reports in *La Presse Medicale*, March 25th, 1903, that he employs combined solutions of cocain and adrenalin of different strengths in minor surgery. He has obtained the best results from the following combination:

Solution of cocain	1-200	10 c.c.
Solution chloride of adrenalin	1-1000	10 drops.

The solution may be prepared beforehand and sterilized in sealed tubes or made when required by adding ten drops of adrenalin to the 1-200 solution of cocain. The whole or part of the solution is used, according to the number, extent and depth of the incisions to be made. In opening a felon or a very painful boil, in order to avoid overdistention of the inflamed tissues, he employs 1 c.c. of a 1 per cent. solution of cocain mixed with four or five drops of adrenalin. In cases where a free incision or removal of morbid tissues is necessary (incision of carbuncle, ablation of suppurating lymphatics), he employs the following:

Solution of cocaine	1-200	20-25 c.c.
Solution of adrenalin	1-1000	13-15 drops.

He places his patient in the horizontal position, and makes intradermic injections along the line of the proposed incision. A long needle is used, and it is introduced parallel to the skin, care being taken that infiltration of the skin with the solution precedes the point of the needle (1 to 2 c.c. of the mixture are sufficient). Afterwards the needle is withdrawn and introduced more deeply. The operator in the same way introduces the solution into the connective tissue and the walls of the abscess, using two or three syringefuls of the mixture. Two or three cubic centimetres are introduced into the interior of the abscess. Analgesia is produced in three or four minutes. The tissues are incised layer by layer and if morbid tissue is to be removed it is gently drawn upon. Severed arteries must be looked for and tied, for the tissues which are injected become quite bloodless, and if this precaution is not taken, secondary hemorrhage might give trouble. This method has been used by the author in felons, boils, mammary abscess, abscess of the arm and neck, boils on the hand, in the ischio-rectal fossæ, etc. It has also been used in the extirpation of a large carbuncle situated on the nape of the neck, and in the removal of suppurating lymphatics of the groin, as well as in operating for fistula *in ano*.

Hygiene of Insomnia.—In a paper on "The Treatment of Insomnia," Dr. Richardson, of Baltimore (*American Medicine*, April 18th, 1903), recommends a large, well-ventilated room. To provide for the introduction of oxygen and the removal of carbonic acid he recommends that when the bed can be so placed as to prevent draughts the window be left open at night; a common expedient in Europe is to remove one or two panes of glass and substitute moderately fine wire gauze. As the object to be attained is to increase the peripheral circulation the body should be kept warm, in certain cases an extra wrap around the abdomen and hot water bottles to the feet having a good effect. The head and neck should be exposed so as to decrease the circulation and the temperature of the room should be kept about 60° F. unless there is some special reason for keeping it higher. The room should be darkened, because light increases external stimuli and the metabolism which stimulates consciousness is directly antagonistic to sleep. The patient should abstain from study, reading or playing any game which requires mental exertion or excitement for one or two hours before retiring. The evening meal should be eaten at least four hours before retiring, and neither tea nor coffee should be taken, chocolate being a good substitute. At bedtime a glass of

hot milk with a sandwich or a few crackers will, by stimulating the stomach, withdraw the blood from the brain to the abdomen; a glass of hot whiskey and water is often a very effective and acceptable hypnotic. A bath, the temperature of the water being from 98° to 100° F. is advised. If the water is below 96°, or above 105°, the peripheral vessels will contract with resultant hyperemia of the brain instead of anemia. The patient should remain in the bath from ten to twenty minutes, until the pulse rate falls and then should be lightly rubbed down and put to bed with as little exertion as possible. He says: "It is more rational and better to endeavor to produce the conditions necessary to natural sleep than to give a poison, which produces unconsciousness and not sleep and which must be detrimental to the patient. Before prescribing an hypnotic the physician should make up his mind what is the cause of the insomnia, and not, as is too often done, prescribe without any attempt at diagnosis of the physical cause." Dr. Richardson also discusses the indications for the use of hypnotics in the treatment of insomnia, showing the strong points as well as the weak ones of the various preparations used by practitioners. J. J. C.

The Tonsils in Tubercular Patients.—Dr. Escomel made some important observations on lesions of the tonsil and the uvula in tubercular patients, at a meeting of the Society of Anatomy, Paris, March 27th, 1903. In sections of such tonsils he showed the presence of a mononuclear infiltration of leucocytes; tubercles were not visible to the naked eye, but the microscope revealed their presence beneath the epithelium of the crypts, along with giant cells and bacilli. Occasionally giant cells penetrate the epithelium and become free in the crypts. In discussing the paper Dr. Letulle stated, that in patients attacked by pulmonary bacillosis, tubercular lesions of the tonsils were frequent although their character was not revealed to the naked eye. Dr. Cornil stated that he had recently examined some sections made from the tonsils of a tubercular patient whose pharynx was of a pale color, the surfaces of the tonsils being dotted over with little yellow spots. He found giant cells, two of which lay free in a crypt, although the epithelium was, so to speak, intact.

Cancer.—Dr. S. G. Hurtado (*El Siglo*, November 30th, 1902) declares that cancer is a disease of civilized nations. Livingstone did not observe it among the races inhabiting the hitherto unexplored regions of Africa, and Davidson wrote in 1893, that, if not unknown, cancer was at least very rare in Arabia, Persia and

Central Africa. Is cancer curable? Hurtado says it is not curable, except in very rare cases in which a relapse is not noted after the removal of the growth, and relapse occurs in from 96 to 97 per cent. of the cases which are submitted to surgical operation. New methods of treatment have not proved to be more encouraging, although Finsen's method and the X-rays have been employed with advantage in rodent ulcer. A novel method of treating cancer has been tried at Seville, in Spain, where patients affected with this disease are subjected to a famine cure—"hambre cure." Very small quantities of bread, meat and wine are given them every day. It is said that cures have resulted from this starvation plan. Careful observations appear to show, that under the influence of semi-starvation a malignant tumor undergoes a sclerous transformation and its stroma becomes firmer and more abundant; if ulcerations are present they tend to heal. Lastly and above all in importance, the pains caused by the disease are very much lessened and life is made endurable, thereby doing away with the use of morphine.

Glycosuria and the Pituitary Body.—The nutritional disease, acromegaly (Marie's Disease), which is characterized by enlargement of the bones and overlying tissues, chiefly of the hands, feet and face, is sometimes associated with glycosuria. Pierre Marie, after whom the disease is named, stated that in about one-half the cases of acromegaly, in which glycosuria had been looked for, this symptom had been found. Hansemann noted the presence of glycosuria in acromegaly in 12 out of 97 cases. Hinsdale noted it in 14 cases out of 130. Drs. Launoy and Roy reported to the Paris Society of Biology, March 21st, 1903, that in fifteen cases of acromegaly associated with diabetes, an autopsy had shown the presence of a tumor of the pituitary body. They think with Loeb that when a tumor of the pituitary body, without acromegaly, is not accompanied by glycosuria, it simply proves that the tumor of the pituitary body alone cannot produce the glycosuria. In addition to the presence of the tumor of the pituitary body it is necessary, that the tumor should cause pressure on the neighboring parts of the encephalon, a pressure which, according to Basilli, is made to bear on an adjoining glycogenic centre, probably the tuber cinereum.

PERSONALS.

Dr. J. T. Clarke, of Bloor Street West, is engaged to be married.

Dr. G. Silverthorne has moved from Gerrard Street East to 266 College Street.

Meyers—On May 9th, the wife of Dr. Campbell Meyers, Deer Park, of a daughter.

Dr. W. P. Caven, of Toronto, has introduced into Toronto the Old Country habit of making his professional calls in a private Victoria.

Dr. Allen Baines, of this city, was honored by being elected vice-president of the American Society of Pediatrics at its recent convention at Washington, D.C.

In our May issue we unintentionally neglected to give the *News*, Toronto, credit for the article on "The Anatomy Act" as it appeared on pages 335 to 339 in that number.

Drs. Alex. McPhedran, W. P. Caven, Allen Baines, and J. J. McKenzie, of Toronto, were among those who attended the convention in Washington, D.C., the week of May 11th.

Dr. F. N. G. Starr spent a couple of days fishing at the new club at the Forks of the Credit last month. The doctor has purchased a very handsome residence, 112 College St., and will move in about the first of next month.

Dr. Carveth's private hospital at 239 College Street, Toronto (phone Main 1641), has first-class appointments, pleasant rooms, home comforts, good nursing. Patients are attended by their own physician. Rates, $10 to $20 per week.

Dr. Justin Herold, of 325 E. 87th Street, New York City, recovered a verdict of $12,158.00 against the Metropolitan Street Railway Company, for injuries he received, three years ago, in a collision while a passenger on one of their cars. The case was tried successfully by his attorneys, H. A. Herold and S. C. Baldwin, of 108 Fulton Street, before Judge Loventritt and a jury in the Supreme Court. Dr. Herold is the well-known author of "Herold's Legal Medicine."

We wish to draw the attention of our readers to the advertisement (on another page) of the Canadian Medical Exchange, conducted by Dr. W. E. Hamill, for the purpose of selling and buying medical practices. This department of medical affairs has now been so successfully conducted for the past 10 years, that we are sure that any of our readers who wish to buy or sell, will consult their own interests by writing Dr. Hamill, and subsequently thank us for drawing their attention to the matter.

Drs. J. F. W. Ross, R. A. Reeve, B. E. McKenzie, and A. H. Garratt, of Toronto, attended the Convention of American Physicians and Surgeons and the American Orthopedic Association at Washington, D.C., on the 12th, 13th and 14th of last month.

We beg to correct an error made in last month's issue wherein we stated that Dr. Chas. McKenna, of 244 Spadina Avenue, had purchased a house on College Street. This is not the case, the residence referred to having been bought by a dentist bearing the same name.

Dr. W. A. Young, of Toronto, attended the American Medical Association at New Orleans last month, and returned to Toronto on the 14th ult. The Doctor also attended, and was elected an officer of, the American Medical Editors' Association, which held a most interesting meeting at New Orleans on May 4th.

The Presbyterian Hospital of Chicago is opening its various departments to graduate nurses who wish post-graduate work. The hospital staff are members of the Rush Medical College, and form the lecturing staff to nurses of the hospital. Information regarding the course may be obtained from the Principal of the School at the Presbyterian Hospital.

Carlsbad. Carlsbad is one of the world-renowned watering places, and as such is of interest to all doctors. It has regular connection with all of the important towns of the continent—Pullman cars, express trains and trains *de luxe* (Orient express to Paris, Constantinople, and Ostend express to Paris and Carlsbad). Carlsbad, situated in a romantic valley and surrounded by extensive and magnificent forests, is the chief representative of the Alkaline Saline Mineral Baths. Its average yearly temperature is 7.6°C.; average season temperature, 14°C.; sixteen mineral springs, varying from 36.6°C. to 73.18°C.; those used most are the Sprudel and Mühlbrunn. It has large bathing establishments. The new Kaiser Bath is the largest on the continent. In 1902 there were over 52,000 patients, and over 135,000 transients and tourists stopped at Carlsbad. There are four large bathing establishments provided with all modern comforts and under the control of the Town Council—mineral, peat, fresh water and vapor baths—individual vapor baths, Russian baths, electric light and water baths, cold water cure, massage, Swedish movement (Zander's system), iron baths, carbonic acid baths, river baths in the swimming school in the Eger. Carlsbad has numerous hotels of the first rank and over 1,000 lodging houses and villas provided with all modern conveniences, lighted by electricity and Auer lights, separate drinking and domestic water systems. It has almost entirely asphalt and wood pavements and a new system of drainage. Grand network of magnificent promenades in the mountains and forests surrounding Carlsbad (over 100 kilometers), with commanding outlooks. Information and folder sent on application to Carlsbad Town Council.

Obituary

THE LATE DR. EMILY HOWARD STOWE.

THE death of Dr. Stowe, which took place on the last day of April, 1903, has removed one to whom the honor paid to a pioneer is justly due. Dr. Stowe, who was a native Canadian, was the first woman to practise medicine in Canada. She was born at Norwich, Ontario, and was a member of a Quaker family. At the age of fifteen she began teaching in a small country school near Norwich, and at the time of her marriage to Mr. John Stowe she was principal of a school in Brantford.

The medical education of women has always been favored by the Quakers, who were the founders of the first Medical College for Women in 1849, in Philadelphia. Dr. Stowe, perhaps partly on account of her Quaker ancestry, as well as on account of personal fitness and interest, pursued the study of medicine, undismayed by difficulty or opposition, graduating from the New York Medical College for Women in 1868, as it was then impossible for a woman to obtain medical education in Canada.

Dr. Stowe had a large practice in Toronto, which she relinquished not many years ago, on account of a serious accident. Of late she spent the greater part of the year at her beautiful home in Muskoka, full of interest, nevertheless, in the world and its work and quite in sympathy with modern thought and progress. As a physician she was successful and beloved by her patients. As a woman she was womanly and motherly.

The end of life came suddenly to Dr. Stowe. She was quite well up to a few days before her death. Strangely enough, she expressed more than once a conviction that illness was approaching, though no symptom was apparent either to herself or others. Her attending physicians attributed the fatal termination to uremic poisoning.

The funeral service was attended by a large company of friends, among whom were nearly all the women at present engaged in the practice of medicine in Toronto. Well might they be present to pay a last tribute of honor and respect to her who

had trod that path before them, bearing the heat and burden of the day. Their way is made easy, but hers was made hard. A great English writer has said that the saddest penalty paid by those who are the victims of intolerance, is that they become intolerant themselves. This penalty Dr. Stowe never paid. She was gentle, fair-minded and charitable in her judgments to the end. The Scripture (1 Cor. xiii.) chosen by the officiating clergyman at the funeral bore a singularly appropriate reference to this. "Remember me kindly to him," she said in conversation with a physician a few days before her last illness, referring to some one whom she had differed from in years gone by. "Remember me kindly to him; he made a mistake, but I have forgiven him long ago." For this and other beautiful traits of personal character, for her ability, for her interest in medical education for women (her only daughter, Dr. Augusta Stowe-Gullen, as is well known, was the first woman to graduate in medicine from a Canadian university), and for her work, Dr. Stowe will be long remembered.

Medical Causerie.—Now comes another substitute for argent nit.—Argyrol (silver vitellin). We have tried nearly every silver product which the manufacturers have put on the market, and until a few months ago protargol was the only one we had office-room for. Argyrol will prove even more satisfactory than protargol, the only objection to it being the dirty black stain, which can be readily removed from linen by hot water. We have used it in 25 per cent. solutions to the throat, ear, and even to the eye, the patient making no complaint of any kind. Wherever argent nit. is indicated the argyrol may be used.

Thoughts on Pyorrhea.—When the destruction caused by pyorrhea can no longer be made good, we need not for that reason speak of incurability. If we succeed in arresting the purulence, the pyorrhea is cured; and this only succeeds when we are able to remove every trace of subgingival tartar deposits. No one will, of course, expect that it is possible to refix a loose tooth the alveolus of which the presence of pus has caused to disappear up to the apex of the root. Loose teeth, however, may become fixed again if a part of the alveolus remains still healthy, if about a third of the tooth still stands in healthy bone, or, in other words, if the last third of the tooth in the direction of the apex of the root has remained free of deposits. In teeth with several roots the conditions are somewhat different if the pathological process has not progressed to an equal extent with all the roots.—*Albert Senn, Quarterly Circular.*

News of the Month.

BANQUET TO SIR JAMES GRANT, OTTAWA.

In recognition of fifty years spent in the practice of medicine, during forty-nine of which he was located in Ottawa, Sir James Grant was entertained on April 22nd to a banquet at the Russell House by the medical fraternity of the capital, and presented with an address and a silver loving cup. Covers were laid at the dinner for eighty-five guests, and the medical profession of the Ottawa Valley was represented by its most distinguished members, who vied with each other in showing attention to the honored guest of the evening, who, after half a century of labor in the most arduous of callings, still retains in a marvellous degree the vigor and the elasticity of youth. Sheriff Sweetland, M.D., filled the chair with dignity, having on his right Sir James Grant, and on his left Sir Frederick Borden. The usual loyal toasts were proposed and honored with characteristic heartiness, after which the chairman proposed the toast of "Our Guest," and alluded to his having introduced the first Canadian Pacific Railway bill. The address was read in an impressive manner by Dr. Cousens, and the presentation made amidst enthusiastic cheers. Sir James Grant, who appeared to be greatly touched by this demonstration of friendship, returned his hearty thanks and favored the company with some reminiscences of his medical career. Proceeding, he said:

In no profession at the present day have greater advances been made than on the lines of surgery and of medicine. At the commencement of the nineteenth century the investigations of Jenner with reference to vaccination for the prevention of smallpox was being vigorously prosecuted. Since that day, notwithstanding the great opposition to this extremely important principle, it is now generally recognized that vaccination is the only safe means that can possibly be adopted to abolish finally the spread of the loathsome disease of smallpox. At that time, and for years afterwards, the study of anatomy was very much interrupted, owing to the want of material. Physiology was then in its infancy, and pathology was very largely a matter of speculation. Chemistry was in stages of possible investigation, and chemical medicine rose up almost in advance of any other department of medicine by the careful scientific investigation of Laen-

nec of Paris, who so advanced the history of disease connected with lung tissue that he established a name and reputation recognized throughout the scientific world. In these days peritonitis was a common disease and almost universally fatal. A major operation was considered the equivalent almost of a death warrant. Two great lights in London, Bright and Addison, scientific workers in connection with Guy's Hospital, brought to light knowledge concerning the kidneys and kidney disease of a remarkable character. Bright's Disease was then defined, and dropsy, the result of it, explained clearly and scientifically, and Addison pointed out also the cause of bronzing of the skin. So these two scientific men, in connection with the hospital, accomplished an advance in the profession of a most remarkable character.

Surgery was advanced by Syme and Schopart, who by their careful investigations threw so much light on the whole subject as to make doubtful points at once comprehensible to the general observer, and added greatly to the means of saving life. Shortly afterwards Simpson, of Edinburgh, and Long, of the United States, introduced the principle of anesthesia, which accomplished much towards the relief of suffering humanity under severe operations. The three great advances in the medical profession during the fifty years were: (1) the introduction of anti-toxine for the cure of disease; (2) the germ theory of disease as advanced by Pasteur, and subsequently worked up by Lister: and (3) preventive medicine as largely brought about by the medical profession, notwithstanding that it lessened their prospect of revenue.

Then we had the remarkable investigation from which the discovery was developed of mosquitoes impregnating individuals, and so disposing of the old idea that such fevers spread from marshes and decayed vegetable tissue. Then again tetanus, which was supposed to arise from a rusty nail, is now known to be due to germs in the soil communicating themselves to the system through the wound made by the nail. Furthermore we have the examination of the blood as a means of diagnosis of typhoid fever. Sir William Jenner established an almost world-wide reputation by his investigations with reference to typhoid, supposing that fever sprang from ulceration in the bowels. But Prof. Osler, of Johns Hopkins University, and a Canadian, has thrown great light upon this whole subject, and his researches show that Jenner's idea is not tenable, and that typhoid fever, as regards its origin, rests on a much wider basis. A most important advance is that with regard to X-Rays and its utilization, not only in the investigation and advance of surgical conditions and diseases of the system, but also its application in the treatment of cancer. These are a few of the points to which I shall merely now advert, and from such we can form an idea of the remarkable advance which has been made in medical and surgical science within the

last half century. And if science is to be progressive, and I have no doubt it will, the next quarter of a century will throw much light upon obscure points of to-day, which will undoubtedly prove of vast service to humanity. (Loud applause.)

Dr. Powell, in felicitous terms, proposed the toast of the "Parliament of Canada." He mentioned with it the names of Sir Frederick Borden, Dr. Macdonald, Deputy Speaker, and Senator Sullivan, and praised, as unexcelled, the hospital equipment sent out by the Minister of Militia to South Africa.

Sir Frederick Borden said that Parliamentary government in Canada had been a tremendous success. He paid tribute to the wisdom displayed in building the C.P.R. That was shown to-day by the thousands of settlers who were flocking to settle in the great wheat belt. There was a magnificent future before Canada, but the problems to be worked out before the country solved its destiny would test the sagacity of the Canadian statesmen and Parliament. The possibilities in front of this country were so enormous that we could not properly appreciate them at the present moment. He did not believe that any one of them could see the possibilities that would be realized within the next quarter or half a century.

The other toasts were: "The Profession," proposed by Dr. Klotz, and acknowledged by Dr. Montizambert and Hon. Mr. Sullivan; "Our Hospitals," proposed by Dr. Cook, and replied to by Dr. Chabot, Dr. Hanna, Dr. Kidd and Dr. Law.

The committee who carried out the arrangements for the dinner were: Doctors Cousens, Minnes, Troy, Kidd, Hanna, Kennedy, Klotz, Gibson, Aubry, Law, Brown (Secretary), and Chabot.

DR. HUTCHINSON BLAMES UNWHOLESOME FOOD AS THE CAUSE OF LEPROSY IN INDIA.

Dr. Jonathan Hutchinson, F.R.S., returned to England two weeks ago, after a successful investigation in India as to the cause and prevention of leprosy, especially in reference to the hypothesis which assigns the foremost position among the causes of the disease to the use of unwholesome food. Twelve years ago the Prince of Wales' committee, which was sent to India, rejected this hypothesis, but Dr. Hutchinson's latest investigations have convinced him that the committee, if it had pursued its researches more deeply would not have rejected it. Dr. Hutchinson's general conclusion is that the facts do not controvert the hypothesis, while some of them afford unassailable support of it, the truth of which his inquiries in South Africa last year convinced him. Dr. Hutchinson's tour of India included visits to Colombo, Madras, Lahore,

Calcutta, and Bombay, where he held public meetings and discussions, and also visits to the leper asylums at Colombo, Madras, Calcutta, Purula, Asonsal, Agra, Tarntaran, Jullundur, and Bombay. He visited in Ceylon all the lepers, who had been fish-eaters. In Madras and Calcutta each of the lepers, with the single exception of a high-caste Brahmin, denied that they had ever eaten fish, and many believed that this had caused the disease. Some had left off eating it on that account. The majority of those who had not eaten fish were patients who had not contracted the disease in early life.

In accounting for these, Dr. Hutchinson suggests "commensal communication" spreads the disease to a slight extent in a community, where it has once originated, without it becoming contagious in the ordinary sense of the word. Commensal or mouth communication conveyed the disease by eating food directly from the hands of a leper, or otherwise receiving the bacillus by the mouth. The prevalence of the disease in the whole population of India is not greater than five in 10,000, which is about the same percentage as in Norway, but not a single district is entirely free from the disease. It is always more prevalent in or near the fishing places. In Ceylon, where the fisheries are so unproductive that the greater portion of fish consumed must be imported, the incidence of leprosy is less than two per 10,000. In Minicoy, the adjacent fish-exporting island, where the inhabitants eat fish four times a day, the percentage is 150 in 10,000. In the Bombay asylum there are 400 inmates, the majority of whom are from the great fishing district of Konkan. During eight years there have been no Jains and only one Parsee patient. The Jains are strict vegetarians. During the same period the Island of Salsette, which has a population of 50,000, was the only Christian community which sent patients to the asylum. The Salsettes are all Roman Catholics, who observe all fast days, and the majority of them are actually engaged in the fishing trade.

QUEEN'S EXAMINATIONS—DEGREES IN THE MEDICAL DEPARTMENT.

The results of Queen's medical examinations were posted April 7th. There were fifty-one applying for degrees, of whom eleven were plucked. The results were:

House surgeons—W. S. Murphy, Portland; A. H. Leonard, Kingston; J. H. Laidlaw, B.A., Georgetown; F. M. Bell, Kingston; G. H. Ward, Napanee.

Medal in surgery—A. H. Leonard, Kingston.

Medal in medicine—W. S. Murphy, Portland.

Dean Fowler scholarship—W. Gibson, Amherst Island.

Dr. McCabe's prize, junior pathology—A. H. Singleton, Newboro'.

Dr. Hyunger's prize in materia medica, therapeutics and pharmacy—A. H. Spooner, B.A., Latimer.

Faculty prize for best examination in anatomy, physiology and chemistry—A. C. Spencer, B.A., Latimer, and H. A. Boyce; S. W. Arthur, B.A., Inverary; W. H. Aykroyd, Railton; F. M. Bell, Kingston; J. H. Cryan, Demorestville; J. S. Dickey, North Williamsburg; F. J. Ellis, Ellisville; T. B. Faley, Charlottetown; H. A. Gibson, Kingston; D. H. Houston, Belleville; O. A. Igoe, Tarrytown, N.Y.; W. J. Knox, Beachburg; J. H. Laidlaw, B.A., Georgetown; A. H. Leonard, Kingston; R. H. McKerras, Kingston; A. E. MacMillan, Sydenham; H. M. Moore, Athens; W. S. Murphy, B.A., Portland; L. E. Mylks, Kingston; A. McCabe, Gloucester, Mass.; J. E. McCambridge, Kingston; D. M. McCarthy, Kingston; J. J. McDonell, St. Andrew's West; J. L. McDowall, Kingston; C. G. McGreer, B.A., Napanee; W. W. McKinley, Seely's Bay; W. L. Pannell, Kingston; J. A. Pritchard, Brockville; G. M. Reid, Kingston; J. J. Robertson, Montreal; E. Sheffield, Peterboro'; W. T. Sheriff, Fitzroy Harbor; A. A. Staley, Wolfe Island; G. H. Ward, Napanee; J. A. Wellwood, Fordyce; W. Workman, Kingston; G. E. McIntosh, Kingston; B. Haskin, Green Bush; C. K. Symmes, Aylmer, Que.; F. A. Aylesworth, Bath.

The Chancellor's scholarship of $70 for the best four years' course was not awarded. The winner of this must take a fifth-year course in Queen's, a year in Europe or the Ontario Council. A winner of a house surgeonship cannot win the scholarship.

AMERICAN CONGRESS ON TUBERCULOSIS.

The newly elected Governing Council met recently and organized, with Moritz Ellinger, Esq., as chairman, and Samuel Bell Thomas, Esq., as secretary. The full board were in attendance or represented by proxy. The president and first vice-president did not attend.

The following were present in person or by proxy: Moritz Ellinger, Esq.; Dr. A. N. Bell, of Brooklyn; Dr. M. M. Smith, of Austin, Texas; Dr. A. P. Grinnell, of Vermont; Dr. Henry McHatton, of Georgia; Dr. J. W P. Smithwick, of North Carolina; Dr. J. Mount Bleyer, of New York.

The death of Dr. Charles F. Ulrich in February, 1903, was announced and a committee named on appropriate action.

The action of the Executive Committee was unanimously ratified and approved in suspending Dr. George Brown from the posi-

tion of secretary and the election of Samuel Bell Thomas, Esq., as Secretary of the Congress in his place and stead.

The Council by unanimous action issued a call for the annual meeting of the Congress, to be held in the city of New York on June 19, 1903, for the election of officers for the ensuing year, and appointed standing committees and a committee to prepare by-laws. A large number of prominent members were in attendance at the session. There was great interest felt in the work, and plans adopted to enlarge the numbers and usefulness of the Society.

Ex-Coroner Moritz Ellinger was unanimously elected Chairman of the Governing Council, and Samuel Bell Thomas, Esq., Secretary.

The Executive Committee, with Clark Bell as Chairman, the Committee on Censorship and on Auditing of Bills, were continued until the annual meeting; the Standing Committees were organized and a Committee of Arrangements made for the annual meeting on June 10th, 1903.

A resolution was adopted accepting the offer of the *Medico-Legal Journal* to furnish every officer, delegate and member of the Congress of 1902 with a bulletin of the last Congress at half price, and a certificate of membership fully paid for 1903 who remitted $1.50 to the *Medico-Legal Journal* or to any of its officers of the Congress for its account in payment for said bulletin.

The Council adjourned, subject to the call of its Chairman, Moritz Ellinger, Esq.

SAMUEL BELL THOMAS,
Secretary American Congress on Tuberculosis.

THE ONTARIO MEDICAL ASSOCIATION.

THE Ontario Medical Association convenes for 1903 on the 16th inst., at the Normal School Buildings, and will remain in session for three days. There is every appearance of the meeting being one of the best yet held, and it is hoped that the Toronto profession, as well as that throughout the Province, will support it to a man. The visitors include Dr. Musser, of Philadelphia, and Dr. Thos. Cullen, of Baltimore. The former will address the meeting, his subject not as yet, however, having been announced. Dr. Cullen will read a paper on "Uterine Myomata and their Treatment." The main discussion will be on "Arterio-Sclerosis," to be opened by Dr. H. B. Anderson, of Toronto, who will consider the etiology and pathology of the disease. The cardiac aspect will be discussed by Dr. T. W. G. McKay, of Oshawa; the cerebral, by Dr. Hugh McCallum, of London, Ont.; the renal, by Dr. John Caven, of Toronto; the ophthalmic, by Dr. J. C. Connell, of Kingston, and the therapeutic, by Dr. J. L. Davidson, of Toronto. Dr. N. A. Powell, of Toronto, will read a paper on "The Business Aspect of Medical Practice." Dr. J. F. W. Ross will read one on "The Surgical Treatment of Septic Peritonitis." The other

papers are as follows: W. R. Riddell, K.C., "The Medical Witness under Cross-Examination." Dr. John Amyot, "The Diagnostic Significance of Albumen in Urine." Dr. Primrose, "The Treatment of Chronic Empyema." Dr. Geo. Bingham, "The Operative Treatment of Goitre." Dr. G. H. Burnham, "Otitis Media." Dr. Parfitt, "Sanatorium Work in Tuberculosis." Dr. F. McConnell, of Lascruces, New Mexico, "Adjuvant Treatment of Pulmonary Phthisis." Dr. W. B. Thistle, "Report of Cases." Dr. Rudolf, "Lung Reflex." Dr. G. E. Smith, Belleville, "Abscess of the Antrum." Dr. A. McPhedran, "Exercise in Treatment of Chronic Disease." Dr. H. H. Oldright, "Report of Cases." Dr. Adam Wright will read an Obstetrical paper. Dr. G. H. Carveth, "Anesthetics and the Open Air." Dr McCullough, of Alliston, "Appendicitis from the Standpoint of the Country Doctor." There will be a smoker on the opening night, and a luncheon on the second day.

ITEMS OF INTEREST.

Dr. Roux hands over $20,000 in Prizes to the Pasteur Institute.—The *Figaro* says Dr. Emile Roux, sub-director of the Pasteur Institute, intends to donate the Osiris prize of $20,000, which has just been awarded him, to the Pasteur Institute. This prize was founded by M. Daniel Osiris, a wealthy Parisian, to be awarded to the person that the Institute of France considered the most worthy to be thus rewarded.

Child's Invalid Rolling Chair for Sale at half the Cost.—Anyone having use for a child's rolling chair, rubber tired, adjustable so as to allow patient to sit up, recline or lie flat, with adjustable foot rests, each made to act independently of the other, cane seat and back, and the chair so constructed that it can be made to drop or extend and thus suit children of different heights, should apply to Mr. A. G. Booth, 119 Queen Street East. Chair cost $50 and will be sold for $30 cash.

Midwifery and Religious Scruples.—A midwife at Berlin recently refused to assist in an operation required to save the life of the mother but entailing the death of the fetus. Her religion forbade it, she said, and a second midwife had to be procured. Proceedings instituted against her for refusal to obey the physicians' orders resulted in the imposition of a fine and the warning that she must not attempt to serve as a midwife if her religion interfered with her professional duties in such cases. *Journal of American Medical Association.*

Instrument for Measuring Mental Fatigue.—Among the exhibits for the St. Louis Exposition, now being prepared in Germany, is an instrument called the esthesiometer, which, by measuring the sensitiveness of the skin, shows the sensitiveness of the

skin directly due to brain fatigue. Another instrument which will be exhibited measures the time elapsing in the reaction of the sensorium after mental exertion. The principle upon which this is based is that mental work produces fatigue of the nerve centres. Experiments show that geometry and Latin are far more exhausting than history.

The Ontario Medical Library.—Judging from present appearances, the future of the Ontario Medical Library is particularly bright. Subscriptions amounting to nearly nine thousand dollars ($9,000) cash are in sight, with which to purchase an up-town building where, not only would the library be located, but where all the medical societies would have their home, and where members of the profession could arrange to meet and entertain their friends from other points. A site on College street has been looked at, and, if the price can be arranged, it is expected that before long the library will occupy its new home, one that will be a credit to Toronto in every sense of the word. We trust that the deal will go through, and that we will be able to announce in our next issue its consummation.

Present Status of X-Rays.—At the New York Academy of Medicine Dr. Tumure related the results of the X-ray treatment as shown by 94 cases treated during the last year at the New York and Roosevelt Hospitals. The general result in all the epitheliomas had been good. In carcinoma the results were quite different, any improvement having been temporary. Lupus appeared to be cured, as did five cases of chronic eczema of the leg. A year ago he had been much more enthusiastic on the results obtained from X-rays than he was now. In the discussion the consensus of opinion seemed to be that the X-rays were not as good a method of treating epithelioma as thorough extirpation of it by the knife, and that recurrence after it was less than after operation.

University of Toronto promised generous dealing by the Government.—The Hon. Mr. Harcourt informed us recently that the Government had promised most liberal assistance to the University of Toronto this year. A promise has been given the University authorities that the Government will meet the deficit this year between revenue and expenditure as submitted by the Board of Trustees. The promise is, of course, conditional on the keeping of expenditure down to what may be reasonably considered the needs of the University, but the Government is inclined to be generous in deciding on what those needs shall include. Last year there was a deficit of something over $10,000 in the University accounts. The expenditure of last year was something over $120,000. The estimated expenditure for this year will probably be over $130,000. The increase in the Government grant will probably be between $20,000 and $30,000.

Lindenhof Hydropathic, Bad-Nauheim.—Lindenhof is not only for invalids, but persons who require a change of air, rest, or holiday, will find pleasant quarters in the house, which is situated in the vicinity of the bathhouses, springs and parks. Persons having to use a bathchair are able to reach their rooms without difficulty by means of an elevator. By the side of and behind the house is a large garden. Appliances for sun and air-baths are kept in the Hydro. The price for board and lodging ranges, according to choice of room, per day: From 7 to 20 marks for one person and one room; 11 to 25 marks for one person and two rooms; 14 to 27 marks for two persons and one room; 18 to 32 marks for two persons and two rooms; private sitting-rooms 5 to 15 marks per day. The doctor's fee is according to attendance. On an average 20 marks for the first examination and 10 marks for the following consultations. Notification of arrival is requested beforehand. Doctors should address for particulars, DR. G. WACHENFELD, Proprietor.

Medicine and Nationality.—Dr. Roddick, M.P., of Montreal, wants to broaden the field of medical practice, so that a man who has passed the examination of the Dominion Medical Council may practise not only in any part of Canada, but in Great Britain. We are prepared to go a great deal further even than this, and to say that a physician who has been shown to be competent should be permitted to practise in any part of the world. The realm of healing should be as broad as that of disease. The leg of an Austrian is as easily broken as that of a Frenchman. If a surgeon can set one fracture he can set the other, and the maintenance of a national boundary in such a case is ridiculous. A plague which has its origin in China or India will not spare the progressive nations of Europe and North America. Hustle as they may, the nimble germ will overtake them. Hence, if any man knows a cure for the disease, he ought to be at liberty to practise it all the way from China to Peru. It seems absurd to have to argue that the laws of nature prevail everywhere, and are not affected by political and artificial boundaries. All that boundaries marked, so far as medicine is concerned, are differences in civilization. If the nation is civilized, it will have trained scientific men, and a standard for physicians and surgeons. If it is not civilized in these respects, it ought to be quarantined.—*Toronto World.*

Results of the Vaccination of the Police and Firemen of Indianapolis. City Police Surgeon Garstang, assisted by Leonard A. Ensminger and H. Clay Meek, in accordance with an order of the Board of Public Safety, vaccinated all the police and firemen of the city. The work was commenced January 7th and finished in two days. Mulford's tube vaccine was used. One hundred and seventy five firemen and 181 policemen, 366 in all, were vaccinated. Of this number 53 were never vaccinated before and 13 had had

smallpox. Not one of those who had had the disease responded to vaccination, and of the 53 unvaccinated, all but 3 (94.3 per cent.) took finely. These 3, though repeatedly vaccinated, could not be made to respond. Two hundred had been vaccinated previously at periods varying from 4 to 40 years. Twenty-eight of these did not take after repeated trials. All of these 28 had good scars, and had been operated on within the last ten years. Of the 262 secondary successful vaccinations, 231 had pronounced takes (over 88 per cent. of takes). One of the policemen, thirty-eight years old, a neurotic, was very sick with his vaccination and lost 14 days from duty. Outside of this case only 21 were off duty, the total time lost being 46 days. Some of this lost time was due to coincident attacks of la grippe. Every precaution was taken against infection, and while there were ten severe takes, there was not a case of ulceration or sloughing. Although the duties of firemen and policemen bring extraordinary exposure, still not a case of smallpox has appeared among them.

The Communicability of Bovine Tuberculosis to Man.—In the *Deutsche Medicinische Wochenschrift,* of November 27, 1902, appears an article on the Communicability of Bovine Tuberculosis to Man, by R. Koch. In it Koch gives a general review of the work that has been done since the publication of his celebrated article on this question. He now confines himself strictly to the consideration of the communicability of animal tuberculosis to human beings, stating that discussion of the contrary proposition would carry him too far. He says that, in spite of his request to the authorities to inform him of any case of intestinal tuberculosis, possibly due to drinking the milk of tuberculous cattle, he has had no such case brought to his notice within fifteen months. He draws especial attention to the very great infrequency of cases that are worthy of consideration as being possible examples of this condition. He considers all the cases of tuberculosis verucosa cutis to be subject to the most severe criticism. He believes that, if milk causes tuberculosis, the infection should be one that occurs in groups; yet this is not the case. He also believes that there is no instance on record in which it has been shown that tuberculous meat has caused tuberculosis in a human being, in spite of the fact that there is every probability that all human beings eat living tubercle bacilli in the course of their lives. As for the effects of milk, Koch reviews the reports of Ollivier and Huls, in particular, and decides that they do not at all demonstrate that the infection took place from milk. He insists that, in order to settle this question, cases of supposed infection from milk must be investigated post mortem, that there must be an exclusion of other sources of infection, that tuberculosis of the udder of the cattle supposedly causing the infection must be present, and that other persons who have taken the same milk must be shown to have acquired tuberculosis.—*Philadelphia Medical Journal.*

The Physician's Library.

BOOK REVIEWS.

Diseases of Metabolism and Nutrition. A series of monographs. By DR. CARL VON NOORDEN, Physician-in-Chief to the City Hospital, Frankfort-on-Main. Authorized American edition. Edited by BOARDMAN REED, M.D., Philadelphia. Part I.—Obesity, the Indications for Reduction Cures. Small 8vo: cloth, 50c. New York: E. B. Treat & Co., Publishers.

The author favors sanitarium treatment for sufferers presenting urgent indications for a reduction cure and for those who do not. The educational influence of sanitarium life is very considerable. After leaving the sanitarium, many obese patients maintain their reduced weight, because they have learned what to do in order to accomplish this end. The author does not favor abdominal massage. He recommends reduction cures in the treatment of circulatory diseases and in atrophic nephritis. He allows obese, gouty patients to eat meat as long as they take vegetables and fruit at the same time. It is a useful handbook for physicians.

Part II., Nephritis. The same author. Cloth, $1.00. New York: E. B. Treat & Co., Publishers.

This treatise will be found useful by practitioners, all of whom encounter cases of nephritis requiring treatment. The author criticises the milk diet, so much in vogue in France and says, that such a diet is too severe on the heart. He is opposed to the view that light-colored meats, such as chicken, veal or lamb, are safer than dark meats in nephritis. He so regulates the patient's diet and habits of life, that strength and activity are preserved, even though the percentage of albumen in his urine be increased. His remarks on tea, coffee, alcohol and tobacco in nephritic cases, being the results of clinical observations, are valuable.

Part III., Membranous Catarrh of the Intestines (Colica Mucosa). Same author. Cloth, 50c. New York: E. B. Treat & Co., Publishers.

The author explains, that this disease is not due to constipation alone, but that irritability and over-activity of the glands of the large intestines which produce mucus, are always present. This condition is not due to inflammation, but it occurs in persons who are neurasthenic or who have an hysteric predisposition.

He advises a certain diet and an exercise treatment of the intes-

tines (massage), in contradistinction to the protective treatment usually employed. In the diet recommended he favors foods containing much cellulose, producing bulky, soft stools. He advises Graham bread, honey, marmalade, dried prunes, leguminous plants, boiled or baked potatoes, butter, cream and bacon. He does not use purgatives. J. J. C.

Practical Hand-Book of the Pathology of the Skin. An Introduction to the Histology, Pathology and Bacteriology of the Skin, with special reference to technique. By J. H. M. MacLeod, M.A., M.D., M.R.C.P., Assistant in the Dermatological Department, Charing Cross Hospital; Physician to the Skin Department, Victoria Hospital for Children. With eight colored and thirty-two black and white plates. London: H. K. Lewis, 136 Gower Street. 1903.

This work is based on a series of demonstrations given by the author in the dermatological laboratory of Charing Cross Hospital. It begins with a description of the apparatus required for the study of the histology and pathology of the skin. Methods are given for obtaining specimens of skin material and for preserving and staining them. The structure of the various layers of the epidermis is described, and the pathological changes involving each layer are given in minute detail. In a similar way the minute structure of hair and nail is given, and the pathology of these parts is fully discussed. The chapter on parasitic diseases of the skin is very interesting. The author says: As our knowledge of dermatology becomes more exact the greater is the rôle which micro-organisms are found to play in its etiology. Within recent years a large number of skin diseases which had previously been vaguely considered to be due to diathesis, idiopathy and the like, have been definitely proved to be of parasitic origin. The special technique for the preparation of specimens of skin parasites, and their microscopical examination is very carefully considered and described. The book is well bound, nicely printed, and contains many illustrations, including several very beautifully colored plates. A. E.

A Text-Book of Legal Medicine and Toxicology. Edited by Frederick Peterson, M.D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Per volume: Cloth, $5.00 net; sheep or half morocco, $6.00 net. Canadian Agents: J. A. Carveth Co., Limited, Toronto.

Among the contributors to this work we find the names of such men as Drs. S. T. Armstrong, Pearce Bailey and Lewis Batch, New York City; Dr. C. D. Chaddock, of St. Louis, Mo.; J. C. Da Costa,

of Philadelphia; J. T. Eskridge, of Denver Col.; Jas. Ewing, G. M. Hammond and S. E. Jelliffe, also of New York City; and F. W. Langdon, of Cincinnati, Ohio. Volume I. covers 700 pages and is in itself most complete. The fifteen pages devoted to expert evidence we can earnestly commend to the consideration of some of our Toronto brethren who appear as medical experts in our courts, with the object, it would sometimes seem to the outside public, of contradicting one another. The consideration of medico-legal *post-mortem* examination and its technique is thorough. Some of the following chapters deal with Identity, the Signs of Death, Sudden Death, Death from Cold, Heat and Starvation, Death from Asphyxia, Lightning, Electricity, Gunshot Wounds, the Medical Jurisprudence of Life and Accident Insurance, Inebriety and Insanity. We have read with great interest the few pages devoted to the subject of the Destruction and Attempted Destruction of the Human Body by Fire and Chemicals. This is a subject with which a medical expert must be familiar, as upon the identification of the human or animal source of the ashes often hangs the result of the trial. Another chapter worthy of very careful study is that dealing with Insanity from a medical jurist's standpoint, this being a frequent cause of contention nowadays in the criminal courts. If Vol. II., covering the subject of Toxicology, is as good as Vol. I., the work as a whole will make a valuable addition to medical literature.

Diseases of the Heart and Arterial System. Designed to be a Practical Presentation of the Subject for the use of Students and Practitioners of Medicine. By ROBERT BABCOCK, A.M., M.D., Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons, Chicago; Attending Physician to Cook County Hospital and Cook County Hospital for Consumptives; Consulting Physician to Mary Thompson Hospital, Hospital of St. Anthony de Padua and of Marion Sims Sanitarium; Fellow and former President of the American Climatological Association; Member of the American Medical Association, etc., etc. With 3 colored plates and 139 illustrations. New York and London: D. Appleton & Co. 1903. Canadian Agents: The Geo. N. Morang Co., Limited, Toronto.

It does not take one very long to enable him to pronounce as to the value of Dr. Babcock's work on Diseases of the Heart and Arterial System. The high professional standing of the author is almost sufficient to guarantee that anything proceeding from his pen would be in every respect up-to-date, and that his book could give only a modern and complete presentation of a subject with which he is in every respect able to deal. Dr. Babcock's work is, in some respects, different from some others on the same subject. He has devoted a separate chapter to Physical Signs, even though the majority of writers, of course, feel that they should form part of the symptomatology of the disease. We are inclined to think that he has done wisely, and that his course of action will tend to facili-

tate the knowledge of what is really a most difficult subject. The part of the book devoted to Treatment is, we are glad to find, much fuller than usual. This point alone makes Babcock's Diseases of the Heart worth securing, the practitioner being more concerned along this line than with theories and speculations as to physiology or anatomy. The work is divided into five sections in all, the first dealing with the Anatomy, Physiology and Examination of the Heart: the second, Diseases of the Pericardium; the third, Diseases of the Endocardium; the fourth with Diseases of the Myocardium, and the last with the Neuroses of the Heart. The book covers in all 800 pages and can be considered to be modern and very practical, free from technicalities that are needless, and with phraseology throughout that is withal simple, making a volume that should prove acceptable to every practitioner, as also helpful to any student of medicine.

Operative Surgery. By Herbert W. Allingham, F.R.C.S., Surgeon to the Household of His Majesty the King; Surgeon to His Royal Highness the Prince of Wales; Senior Assistant-Surgeon and Lecturer on Operative Surgery at St. George's Hospital, etc. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden. Toronto: J. A. Carveth & Co. 1903.

This is a comparatively small work, containing only 337 pages, with over 200 cuts. The author's endeavor evidently has been to produce what might appropriately be called a quick reference book to the actual operations of surgery for surgeons, general practitioners and students. A few moments' examination of this admirable book will convince one of how successful he has been. Theory is absent, and actual practice the all in all. Definiteness and conciseness characterize his description of the operations. A brief account of the surgical anatomy of the part precedes the directions for carrying out the operation, and following are memoranda of the dangers to be avoided, and of the particular points to be remembered. Suggestions are also offered as to the best technique to be adopted in each operation described. Excellent half-tone engravings of the field of operation, assisted by diagramatic line engravings, help materially in accomplishing that definiteness and conciseness spoken of above. One would consider this convenient little work very valuable to the busy practitioner, both for his general surgery and for any emergency work he might be called upon to do. A. J. J.

Atlas Manuel de Gymnastique Orthopédique. Traitement des Déviations de la Taille. Par Mme. Nageotte Wilbouchewitch, ancien interne des Hopitaux de Paris, 51 planches comprenant 209 figures et 53 figures dans le texts. C. Naud, Editeur, 3 Rue Racine, Paris. 1903.

The author proposes to write a book to afford information to the general physician concerning deformities of the spine. Seeing that there is no purpose to instruct the specialist, the means set

forth and the apparatus described are simple, such as might be employed by the general practitioner, and even, to some extent, in the home. Emphasis is placed upon the fact that spinal deformities are largely the result of ignorance, negligence and ill-suited garments worn in infancy and childhood. In no small degree the family physician becomes responsible by his too great optimism. When consulted he is too apt to say, "it is nothing," "it will pass away with growth," etc. This point is well made, seeing that spinal deviation does not show a tendency toward recovery but toward increase. The book is really an atlas, and it is in this that is found its chief value and importance. The figures are numerous, excellent and well chosen. The descriptions in the text are clear and concise. The book gives due prominence to the latest methods and conclusions in regard to the treatment of spinal deformities. It is written, however, almost entirely from a European standpoint. It contains but little setting forth the work which has been done by American surgeons. The brevity of the descriptions and the fulness and excellence of the illustrations make it a valuable book of reference for the general practitioner.

B. E. M.

Anatomy and Histology of the Mouth and Teeth. By I. Norman Broomell, D.D.S., Professor of Dental Anatomy, Dental Histology and Prosthetic Technics in the Pennsylvania College of Dental Surgery, Philadelphia. Second edition, revised, enlarged, with 337 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Canadian Agents, Chandler & Massey Limited, Toronto and Montreal.

While the above book is almost indispensable to the progressive dentist and advanced dental student there is also place for it in the reference library of the physician and surgeon. The average physician has too little knowledge of the teeth himself and too little respect for the scientific training of the dentist, and a perusal of this book will show him that the science of dentistry is a very progressive one, and that if he himself is to keep up-to-date in medical and surgical matters relating to the mouth and teeth he must more frequently come in consultation both with dentists and dental literature such as this. The illustrations, some 337 in number, are largely the original work of the author, being reproduced by photograph from the actual subject, and will prove very valuable to the busy practitioner. A chapter dealing with the Embryology of the Mouth and also a chapter on Anomalies of Tooth Form and Structure have been added to this new edition of the author's work.

E. H. A.

Surgical Anatomy and Operative Surgery. By John J. McGrath, M.D., Professor of Surgery and Surgical Anatomy, New York Post-Graduate School.

In the preface of this work the author says, that "an endeavor has been made to combine in a practical manner, the subject of

surgical anatomy and operative surgery, because a knowledge of the one is essential to the other;" a mighty undertaking in our time, when we consider the vast domain of operative, manual and surgical intervention. On a careful scrutiny of material we find that the author has succeeded, in a large measure, to accomplish his aim. In the main the book can be recommended, especially to students and to those practitioners who perform a considerable part of their own surgery themselves. The work is freely illustrated, which aids in a large measure to clarify the text. The arrangement is excellent, the index convenient and the typographical part of the volume all that could be desired. We can recommend this latest contribution to the advance of progressive surgery as a safe and careful practical guide, in the manifold procedures of modern practical surgery, as among the safest and very best in American medical literature. T. H. M.

Practical Points in Nursing. For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Receipts for Invalid-Food and Beverages: Weights and Measures; Dose List; and a full Glossary of Medical Terms and Nursing Treatment. By EMILY A. M. STONEY, late Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Third edition, thoroughly revised. Handsome 12mo of 458 pages, fully illustrated, including eight colored and half-tone plates. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Canadian Agents: J. A. Carveth & Co., Limited, 413-415 Parliament Street, Toronto. Cloth, $1.75 net.

This little volume has become so increasingly popular that the publishers have felt the obligation of keeping it abreast of the times and make it reflect the latest advances in the now progressive profession of nursing. Not only will this prove a standard work in the reference library of every nurse, but it will find its place in that of the busy practitioner. The trained nurse who holds the position of chief pilot while the physician is absent, must of necessity know what indications of danger arise and how to combat them, must know when to summon aid, or when to allay the patient's over-anxious fears. This edition has been extensively revised and its trustworthiness enhanced. The section on treating certain diseases, especially the infectious diseases as well as the common poisoning, have been in large part recast and rewritten. There is no doubt that this work in its revised form will maintain its popularity. A. J. H.

Petite Chirurgie Pratique. Par TH. TUFFIER, Professeur agrégé à la Faculte de Médecine de Paris, Chirurgien de l'Hopital Beaujon, et P. DESFOSSES, ancien interne des Hôpitaux de Paris. 1 volume in 8° cavalier (15, 8x23). Cartonne: prix 10 frs. C. Naud, 3 Rue Racine, Paris.

Works on Minor Surgery have been so numerous and have set

forth so fully every important detail dealing with methods, that it is difficult for an author to write anything new. In this book the illustrations are well chosen, the paper is good, the text is clear and concise. Every important phase of the subject is dealt with, even the newest surgical procedures receiving due attention, as will be seen in the paragraphs dealing with spinal anesthetization. In the chapter dealing with Plaster-of-Paris it is noticeable that no reference is made to later American methods of applying spinal jackets which are much in advance of any formerly practised. The book will constitute a safe guide to the student, the intern and the nurse. B. E. M.

Danny. By ALFRED OLLIVANT, author of "Bob, Son of Battle." Toronto: George N. Morang & Co., Limited. 1902.

This story will appeal strongly to readers who are fond of Scotch literature. "Danny" could never restrain his hunting proclivities, probably from the fact that certain breeds of dog have a tendency to show up back traits through breeding, as it is known that a cross with a bulldog has affected many generations, and that the courage and obstinacy of greyhounds and a cross with a greyhound has given the whole family of shepherd dogs a tendency to hunt hares. There is not a particle of doubt that certain dogs show many human features, as some wonderful stories, and true, have been related of them. Professor Braubach goes so far as to maintain that a dog looks on his master as on a god. "Danny" shows many characteristics of love, affection, remembrance and fidelity. Many will read this book with great pleasure. A. J. H.

Hyperchlorhydria, a Symposium. The June issue of the *International Medical Magazine* will be devoted to a symposium on this most important gastric subject, than which none more important has ever been published in any American journal. More than half a dozen of the leading European specialists will contribute, among whom are: Prof. C. A. Ewald, Berlin; Prof. George Hayem, of Paris; Prof. Carl von Hoorden, of Frankfort; Dr. L. Kuttner, of Berlin; Prof. Rosenheim, of Berlin. The selection of contributors from this side of the Atlantic has been equally happy, and the following will take part: Prof. John C. Hemmeter, of Philadelphia, on "An Experimental and Clinical Study of the Etiology of Hyperchlorhydria;" Dr. Allen A. Jones, of Buffalo, on "The Effervescence Test for Gastric Acidity;" Dr. Boardman Reed, of Philadelphia, on "A Further Development of the Benedict Effervescent Test of Gastric Acidity;" Dr. John A. Lichty, of Pittsburg, on "The Relation between Hyperchlorhydria and Neurasthenia;" Prof. Fenton B. Turck, of Chicago, on "The Treatment of Hyperchlorhydria;" Dr. A. Robin, of Newark, Delaware, on "The Etiology of Hyperchlorhydria;" Dr. Max Einhorn and others.

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